

SEP 7 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Adair
Township
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. 28153
Registered No. 152
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 417 W. Harrison St. 2 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Ann Koen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-15-1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Engineer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>National Utility, Inc. Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>
	11. Total time (years) spent in this occupation <u>14yr.</u>

12. BIRTHPLACE (CITY OR TOWN) Viele
(STATE OR COUNTRY) Iowa

13. NAME George Koen

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs. Barbara Ann Koen
(ADDRESS) 417 W. Harrison Kirksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dewellbyn DATE 8- 1934

19. UNDERTAKER DePiley
(ADDRESS) Kirksville Mo

20. FILED Aug 11 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934, to Aug 8 1934

I last saw him alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Heart stroke Date of onset _____

191 _____

Other contributory causes of importance: _____

191 _____

Name of operation Dissection Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. J. Hulse, M.D.

(Address) Kirksville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1000-11-27-33

