SEP 11 1934

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

Do not use this space.

File No. 28530

Registered No.

1. PLACE OF DEATH
County Cuivdau
Township Wonna
City (No. , St. Ward)

Registration District No. 121
Primary Registration District No. S-173

2. FULL NAME Mahlon Koch
(a) Residence, No. Hu Hu Mouth St., 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-6-1854

7. AGE: Years 78 | Months 7 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo-Warren Co

FATHER
13. NAME Wm Koch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dort Germany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Herman Koch
(ADDRESS) Hugo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom DATE Aug 19 1934

19. UNDERTAKER Lon Kugy
(ADDRESS) Linn Creek

20. FILED Sept-9 1934 Becca Claiborn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 18 1934 to Aug 18 1934
I last saw him alive on Drunk when seen 19.... Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contused wound of head	8-18-34
Fracture of left leg	
Fracture of right thigh	
Pneumonia	

Other contributory causes of importance
None

Name of operation None Date of —
What test confirmed diagnosis Physician & Coroner Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-18 1934
Where did injury occur? Hu Hu Mouth Cuivdau Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Hit by auto while
Nature of injury accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) E. E. Claiborn, M. D.
(Address) Cuivdau Mo

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.

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