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.

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

OCT 12 1934

Do not use this space.

1. PLACE OF DEATH

County Howard — Registration District No. 380 — File No. 32650

Township Franklin — Primary Registration District No. 5530 — Registered No. 15

City Near Franklin (No. ..... St. ..... Ward)

2. FULL NAME August Charles Koch

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1879

7. AGE: YEARS 55 — MONTHS 0 — 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) April, 1934
11. Total time (years) spent in this occupation Life

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

FATHER

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

MOTHER

15. MAIDEN NAME Carolyn Pottsmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Cora Koch Franklin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia DATE 9-19 1934

19. UNDERTAKER (ADDRESS) C H Duncan New Franklin Mo

20. FILED 9-18 1934 J B Fleet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934, to Sept 16, 1934
I last saw him alive on Sept. 15th, 1934. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
46C	
107A	
143B	

Other contributory causes of importance: Cancer of Sigmoid

Name of operation Colotomy Date of about 4 mos ago
What test confirmed diagnosis? Dead Know 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 ....., 19.....
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) R. L. Evans, M. D.
(Address) Boonville Mo