

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**

Do not use this space.

JAN 1 2 1935

42565

1. PLACE OF DEATH

County Franklin Registration District No. 497
 Township _____ Primary Registration District No. 3616
 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

Carolina Bertha Kohmuller
 (a) Residence, No. W. 5th St. R.F.D. #3, St. _____, Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 49 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>49</u>	<u>11</u>	<u>18</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife work

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) Washington (STATE OR COUNTRY) Missouri

13. NAME Louis H. Kohmuller

14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Charlotte Ryster

16. BIRTHPLACE (CITY OR TOWN) Trakow (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Christine Kohmuller (ADDRESS) Washington, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE St. Peter's DATE Dec. 13th 34

19. UNDERTAKER Nieburg & Witt Inc (ADDRESS) Washington, Mo.

20. FILED Dec. 11 - 34 Harvey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 10, 1934

I last saw him alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at 8:35 a.m.

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

Suppurative Appendicitis Date of onset 12-5-34
121 B
131 B
129 / 2 / A

Other contributory causes of importance: Diffuse Peritonitis 12-8-34

Name of operation Appendectomy Date of 12-9-34
 What test confirmed diagnosis? Blood Count 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) as above M. D.
 (Address) Washington Mo.

