

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 4 1935

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

Do not use this space.

4122

1. PLACE OF DEATH

County Vermon  
 Township Verge  
 City (No. St. Ward)

Registration District No. 873  
 Primary Registration District No. 6158

File No. ....  
 Registered No. ....

2. FULL NAME

Hermon H. Koch

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 3 10

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 all

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

FATHER 13. NAME John Koch

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

MOTHER 15. MAIDEN NAME Katherine Stander

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

17. INFORMANT (ADDRESS) Wm Koch Eldorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Pleasanth DATE Jan 10 1935

19. UNDERTAKER (ADDRESS) Farmy Funeral Home Nevada Mo

20. FILED Jan 12 1935 W. S. Kohndorff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934, to Jan 8 1935.  
 I last saw him alive on Jan 7 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Carcinoma of Prostate Gland  
51  
 Other contributory causes of importance: None  
 Date of onset

Name of operation Date of operation  
 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, 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) O B Davis, M. D.  
 (Address) Walker Mo

