MAY 31 1935

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

Do not use this space.

13682

1. PLACE OF DEATH
County: Morgan
Township: ~~Hazel Creek~~
City: Stover (No. ..... St. ..... Ward)

Registration District No. 919
Primary Registration District No. 4551

File No. .....
Registered No. 8

2. FULL NAME: August Koch

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27, 1846

7. AGE: Years 88 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): about 1916
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany

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

MOTHER
15. MAIDEN NAME: Minnie Haesmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Louis Koch Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nolting Cem DATE: 4-16, 1935

19. UNDERTAKER (ADDRESS): C. R. Kabler & Son Versailles Mo

20. FILED: May 10, 1935 Wm L Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1935 to Apr 3, 1935
I last saw him alive on Apr 13, 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dropsy (Mitral Insufficiency)	Don't Know

Other contributory causes of importance:

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinic 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) Chas A. Wiest, M. D.
(Address) Stover 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.