

JUN 1 1935

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

Do not use this space.

13731

1. PLACE OF DEATH

County Newton Registration District No. 612  
Township Van Buren Primary Registration District No. 5814  
City (No. ....) St. .... Ward)

2. FULL NAME

Victor Koenig  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Koenig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1896</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>11</u>
	DAYS <u>9</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>John Koenig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Dora Koenig</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dora Koenig</u>	
17. INFORMANT (ADDRESS) <u>Alfred Koenig, Pine City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Agnes</u> DATE <u>April 20, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>John Messel, Pine City, Mo.</u>		
20. FILED <u>4-18</u> 19 <u>35</u> <u>Grace Hudson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935 to April 17, 1935  
I last saw him alive on April 17, 1935. Death is said to have occurred on the date stated above, at 2:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy

Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis None Was there an autopsy? Yes

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. F. Chatham, M. D.  
(Address) Diamond 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

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