JUN 3 1935

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

Do not use this space.

13860

File No. ~~135~~ 136

Registered No. 668

1. PLACE OF DEATH

County: Pettis

Township:

City: Sedalia (No. 620 West 3rd. St. Ward)

Registration District No. 668

Primary Registration District No. 3032

2. FULL NAME: Frances Kolbohn

(a) Residence, No. 620 W 3rd. 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26 1856

7. AGE: Years 78 | Months 6 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mo

FATHER

13. NAME: Jerome Ledgerwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Mary Anthony

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Harry Kolbohn Kan. City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: April 18

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia Mo.

20. FILED: April 17, 1935 Fran Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to April 16, 1935

I last saw h. alive on April 15, 1935. Death is said to have occurred on the date stated above, at 1 a.m.

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

Chronic myocarditis — Date of onset

Other contributory causes of importance: Chronic interstitial nephritis

Name of operation: None Date of: None

What test confirmed diagnosis? None 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: None

(Signed) [illegible], M. D.

(Address) [illegible]

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.

THIS IS A PERMANENT RECORD