

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

Do not use this space.

25553

SEP 18 1935

1. PLACE OF DEATH

County..... Benton Registration District No. 59
 Township..... Cole Primary Registration District No. 5099
 City..... (No., St. Ward)

2. FULL NAME

Mrs Catherine Kullmann

(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. da. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Kullmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 2

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

13. NAME Gerd Cordes

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

15. MAIDEN NAME Anna Luetjen

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

17. INFORMANT George Kullmann
 (ADDRESS) R F D Lincoln, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Hulda DATE 8-19-35, 19

19. UNDERTAKER E L Eickhoff
 (ADDRESS) Cole Camp Mo

20. FILED Aug 19 1935 Sue Selove
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1935 to Aug 17 1935
 I last saw him alive on Aug 17 1935 Death is said to have occurred on the date stated above at 5:15 PM

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

Mitral Lesion Date of onset

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify (Signed) Harry Bay, M. D.
 (Address) Cole Camp, 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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

