NOV 21 1935

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

Do not use this space.

32457

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township 5 Campbell — Primary Registration District No. 5440 — Registered No. 521

City Springfield, Mo. (No. Medical Center St. Ward)

2. FULL NAME KEWNIG, Charles

(a) Residence, No. St., Ward. Stockton, Calif. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 4 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1904

7. AGE — YEARS 31 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Francisco, Calif.

FATHER

13. NAME Carl Kewnig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER

15. MAIDEN NAME Lizzie Stimpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stockton, Cal. DATE Oct. 15, 1935

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Mo.

20. FILED 10-15 1935 R W Langston Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935, to Oct. 14, 1935

I last saw him alive on Oct. 14, 1935. Death is said to have occurred on the date stated above, at 10:56 PM

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

| | Date of onset |
|---|---|
| Chronic nephritis (pyelonephritis, bilateral) | |
| 131 | |

Other contributory causes of importance:

Calculi of right kidney & bladder
Broncho-pneumonia
Hydro-nephrosis

Name of operation Cystolithotomy Date of 10-8-35

What test confirmed diagnosis? 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?

If so, specify

(Signed) L. E. Burney, P. A. Surgeon, M. D.
(Address) Clin. Dir., U.S.H. for B. D. Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

3 15 [illegible]
8 25 p [illegible] Stockton
Friday

MAY 22 [illegible]