

NOV 6 1935

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

Do not use this space.

34272

1. PLACE OF DEATH

City.....

Registration District No.....

Township.....

Primary Registration District No.....

City Saint Louis (No.....)

St. Ward)

2. FULL NAME

(a) Residence, No.

(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.

ds.

ISOLATION HOSPITAL 791
 1003

File No.....

Registered No.....

8697

George N. Kozler

Xenia, Ohio R.R. #4 St.

Ward.

Xenia, Ohio

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs George Kozler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>2</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</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) Ohio13. NAME Walter Kozler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia, Ohio15. MAIDEN NAME Rosetta Gorman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia, Ohio17. INFORMANT A. E. Riley 5600 Arsenal18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton Ohio DATE Oct 9 3519. UNDERTAKER (ADDRESS) Wacker Felder 2331 Broadway20. FILED OCT 16 1935 J. T. Bredeck Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 7, 1935, to Oct. 9, 1935I last saw him alive on Oct. 9, 1935 Death is saidto have occurred on the date stated above, at 1:05 A.M.

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

Cellulitis of neck followed by a small purplish necrotic traumatic non-13

Date of onset 1935

Other contributory causes of importance:

Septicemia due to cellulitisName of operation 150 Date ofWhat test confirmed diagnosis? clinical 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) Henry J. Melonch, M. D.(Address) 5600 Arsenal

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.

MARGIN RESERVED FOR NUMBER

100M-11-24-33
V. S. NO. 2

#110

8697

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