

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

Do not use this space.

1. PLACE OF DEATH **FEB 19 1936**  
 County **JACKSON**  
 Township **Blue**  
 City **INDEPENDENCE** (No. **INDEPENDENCE SANITARIUM**)

Registration District No. **398**  
 Primary Registration District No. **3584**

File No. **1163**  
 Registered No. **11**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **MRS. ADA CHARLOTTE KOEHLER**  
 (a) Residence, No. **1704 W. SHORT ST.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **32** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <b>HUSBAND OF FRED KOEHLER</b> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>3 - 13 - 1871</b>				
7. AGE	YEARS <b>64</b>	MONTHS <b>9</b>	DAYS <b>25</b>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as aptanner, sawyer, bookkeeper, etc. <b>HOUSEWIFE</b>			
	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) <b>CHATHAM, ONT. CANADA</b>				
FATHER	13. NAME <b>GEORGE CLEVELAND</b>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <b>NO RECORD CANADA</b>			
MOTHER	15. MAIDEN NAME <b>CHARLOTTE SHIPPY</b>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <b>NO RECORD CANADA</b>			
17. INFORMANT <b>MRS. HAZEL MOLER</b> (ADDRESS) <b>326 KENSINGTON INDEP. MO.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>MOUND GROVE</b> DATE <b>JAN. 10, 1936</b>				
19. UNDERTAKER <b>STAHL'S FUNERAL HOME.</b> (ADDRESS) <b>815 W. MAPLE AVE. INDEPENDENCE, MO.</b>				
20. FILED <b>1-11-36</b> <b>F. R. Cook</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 8, 1936** 19**36**

22. I HEREBY CERTIFY That I attended deceased from **January 5, 1936** to **January 8, 1936**  
 I last saw her alive on **Jan 8, 1936** Death is said to have occurred on the date stated above, at **1:45 AM**

The principal cause of death and related causes of importance were as follows:  
**Arterial Hypertension** Date of onset \_\_\_\_\_

Other contributory causes of importance:  
**Arterio Sclerosis** 1/8/36

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? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **W. G. Grasse** M. D.  
 (Address) **Independence, 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.

