

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

Do not use this space.

MAY 18 1936

14125

1. PLACE OF DEATH

County Buchanan
 Township
 City St. Joseph

Registration District No. 85
 Primary Registration District No. 1001
 (No. St. Joseph's Hospital)

File No.
 Registered No. 521 St. _____ Ward)

2. FULL NAME Dorothy Agnes Koenig

(a) Residence, No. 29th & Garfield Ave. S. Ward.

(Usual place of abode)
 Length of residence in city or town where death occurred 11 yrs. 2 mos. 18 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1925.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>11</u>	<u>2</u>	<u>18</u>		

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

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) St. Joseph
 (STATE OR COUNTRY) Missouri

13. NAME Ernest B. Koenig

14. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Krawovyk

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

17. INFORMANT Ernest B. Koenig
 (ADDRESS) R.F.D. #4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE April 8, 1936
Mt. Olivet Cemetery

19. UNDERTAKER H. D. Sidenfaden
 (ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED 4-7, 1936 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 6 1936 to Apr 6 1936
 I last saw her alive on Apr 6 1936 Death is said to have occurred on the date stated above, at 3:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Meningitis (Pneumococci) Date of onset Apr 1-36

Other contributory causes of importance
Influenza & White neck Mar 15

Name of operation Tob Date of _____
 What test confirmed diagnosis? _____ 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) J. M. Allan M. D.
 (Address) St. Joseph, 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.

