MAY 18 1936

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

Do not use this space.
14143

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

File No.:
Registered No.: 541

2. FULL NAME Nikolaus Kuehn

(a) Residence, No. 727 No. 25th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Kuehn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 11. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manufacturing Furrier. (Retired.)

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: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oetigheim, Germany.

FATHER

13. NAME: Xavier Frantz Kuehn

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

MOTHER

15. MAIDEN NAME: Justina Kuehn

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

17. INFORMANT (ADDRESS): Curt E. Kuehn, 727 No. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Apr. 13. 1936, 19

19. UNDERTAKER (ADDRESS): Walter Maierhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 4-13-, 19 36 John A. Benden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 10, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1936, to 4-10, 1936

I last saw h. im alive on 4-10, 1936. Death is said to have occurred on the date stated above, at 10.30 m. A.M.

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

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Fracture of Rt. Hip	

Name of operation: none Date of:

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-31, 1936

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Fall

Nature of injury: Fracture Rt. Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Jacob Kulowski, M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.

I. 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.