

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

Do not use this space.

MAY 19 1936

15387

1. PLACE OF DEATH

County Jackson
Township Raw
City H. C. Ma (No. 27480, Cherry St)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2105
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 3125 Jackson St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Annie Kirchhofer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>2</u>	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	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) Switzerland

13. NAME Jacob Kirchhofer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Amin Kirchhofer 7040 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Apr 22 1936

19. UNDERTAKER (ADDRESS) Maquer Funeral Home 204 N. Linwood

20. FILED Apr 21 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Apr - 19, 1936
I last saw him alive on Apr 19, 1936 Death is said to have occurred on the date stated above, at 5:00 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Multiple Sclerosis
Hypertension
Date of onset _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis Aliment 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) Ray U. Adams M. D.
(Address) 6247 Brookside Blvd
Kelms

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.

of the ...

6:6 + 11:11