JUN 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 19140
Township — Primary Registration District No. 2001 — Registered No. 439
City Springfield (No. St. Johns Hospital, St. Ward)

2. FULL NAME Edward F. Kohler
(a) Residence, No. Springfield, Missouri St., Ward. (If nonresident, give city or town and State)
(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.

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: Married to Rose Kohler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16, 1866

7. AGE: YEARS 70 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: merchant
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): Nidan Switzerland

FATHER
13. NAME: Edward Kohler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Margaret Funk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Rosa Kohler, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cem DATE May 12 1936

19. UNDERTAKER (ADDRESS): Herman H. Lohmeyer, Springfield, Missouri.

20. FILED 5-12 1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, 19..., to May 10, 1936
I last saw him alive on May 9, 1936 Death is said to have occurred on the date stated above, at 7:45 m. AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (primary)	6 mo

Other contributory causes of importance:
Acute Parotites
(surgical Mumps

Name of operation Gastric Resection Date of May 5, 36
What test confirmed diagnosis? Pathology Was there an autopsy? yes

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?
If so, specify
(Signed) Geo W Hogeboom per [illegible], M. D.
(Address) 415-20 Holland Bldg., Springfield, Missouri.

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.

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