

JUL 25 1936

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

Do not use this space.

23823

1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia (No. 3rd + Hanson)

Registration District No. 668  
Primary Registration District No. 2032

File No. 184  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Milton Koeneke

(a) Residence, No. 3rd + Hanson Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
about 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. apt house  
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) Mo

MOTHER 13. NAME Will Koeneke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Susan Hanson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) E F Hanson Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 6/6/36, 1936

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED June 6, 1936 Seena Sleet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY That I attended deceased from the body; 1936, to June 5, 1936

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Chronic Cardiac, Valvular Disease  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Arteriosclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 Arteriosclerosis, M. D.  
(Signed) \_\_\_\_\_ (Address) Corinth

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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Handwritten notes, possibly a list or index, located in the center-left area of the page.

Handwritten notes, possibly a list or index, located in the right half of the page.

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