

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

Do not use this space.

26033

AUG 18 1936

1. PLACE OF DEATH

County Cooper
Township
City Boonville No. _____

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 87
St. _____ Ward)

2. FULL NAME

Elizabeth Kallb.

(a) Residence, No. 912 4th St. St. _____ Ward _____

(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 Female 4. COLOR OR RACE White 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) April 9th 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 13

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

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) 1935 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

13. NAME John Nicholas Kallb.

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

15. MAIDEN NAME Christina Stegner

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

17. INFORMANT Fagith Kallb. (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE July 23, 1936

19. UNDERTAKER Schurky Stegner (ADDRESS) Boonville Mo

20. FILED July 23, 1936 Boonville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, that I attended deceased from 22 July, 1936 to 22 July, 1936

I last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Pulmonary hemorrhage Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? clinical exam. 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) Allen R. Stegner, M. D.

(Address) Boonville Mo

Handwritten notes and signatures at the bottom of the page.

