

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

Do not use this space.

SEP 21 1936

30220

1. PLACE OF DEATH

County Cass
 Township Shulan
 City Bremen

Registration District No. 152
 Primary Registration District No. 4087

File No. _____
 Registered No. 10
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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)

Jan Koors

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Koors</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21 - 1856</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>5</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done; as planer, sawyer, bookkeeper, etc. <u>Retired Labor</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 - 1936
 22. I HEREBY CERTIFY, That I attended deceased from Aug 17 - 1936 to Aug 18 - 1936
 I last saw him alive on Aug 18 - 1936 Death is said to have occurred on the date stated above, at 4:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset Aug 17 - 1936
Cerebral Hemorrhage
 Other contributory causes of importance:
Arterio Sclerosis 1934

Name of operation None Date of _____
 What test confirmed diagnosis Clinical 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) Loage N Parvish, M. D.
 (Address) Bremen Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>Jacob Koors</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>George Koors Winden Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bosworth Mo.</u> DATE <u>Aug 20</u>	
19. UNDERTAKER (ADDRESS) <u>Geo. E. Myers Cleveland Mo.</u>	
20. FILED <u>Aug 19 1936</u> <u>Edna Beckman</u> Registrar	

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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