

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

Do not use this space.

31585

1. PLACE OF DEATH

County Linn Registration District No. 496
 Township Brookfield Primary Registration District No. 3925
 City Brookfield (No. Brookfield Hospital) St. _____ Ward _____

2. FULL NAME

Harold Lee Cook Koch

(a) Residence, No. _____ St. _____ 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 11

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

12. BIRTHPLACE (CITY OR TOWN) Brookfield Mo
 (STATE OR COUNTRY)

13. NAME Harold Cook Koch

14. BIRTHPLACE (CITY OR TOWN) Tuplet Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Rebecca May Boley

16. BIRTHPLACE (CITY OR TOWN) Rothville Mo
 (STATE OR COUNTRY)

17. INFORMANT Harold Cook Koch
 (ADDRESS) Tuplet Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuplet Mo DATE Aug - 13 1936

19. UNDERTAKER L. W. Hill
 (ADDRESS) Brookfield Mo

20. FILED 9/9/36 1936 J. M. Dubois
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1936 to Aug 12 1936

I last saw him alive on Aug 12 1936 Death is said to have occurred on the date stated above, at 11:30 P.

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

Acute Interstitial (Strep) infection
119 hrs.

Date of onset 8/12/36

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear 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) W. B. Simpson, M. D.
 (Address) Brookfield, Mo.

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.

SEP 25 1936

