

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

Do not use this space.

SEP 25 1936

31754

1. PLACE OF DEATH

County Wantsburg
Township Wallsville
City New Florence (No. _____) St. _____ Ward _____

Registration District No. 598
Primary Registration District No. 4357

File No. 44
Registered No. 44

2. FULL NAME

(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 70 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from October 35, 1935, to Aug 28, 1936

I last saw him alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8, 1866

7. AGE YEARS 70 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

Heat Stroke
Hemiplegia (Cerebral type)
Arteriosclerosis (General)

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) March 1932

11. Total time (years) spent in this occupation

Other contributory cause of importance:
Bronchopneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County

13. NAME Bill Kehler

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

15. MAIDEN NAME Unknown

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

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? _____

17. INFORMANT Wm Kabush (ADDRESS) New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE August 28, 1936

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.

19. UNDERTAKER A. A. Markovich (ADDRESS) New Florence Mo.

Manner of injury _____
Nature of injury _____

20. FILED 9/10 1936 J. A. Kahan Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) A. A. Markovich D.
(Address) Wallsville

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.

Date of onset
8/13/36
2/1/35

