

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

Do not use this space. 7

OCT 21 1936

36359

1. PLACE OF DEATH

County Saline Registration District No. 792 File No. _____
 Township Arrow Rock Primary Registration District No. 6035 Registered No. _____
 City Arrow Rock (No. _____) St. _____ Ward _____

2. FULL NAME Daniel Kuhn

(a) Residence, No. Arrow Rock St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca J. Bulger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1894
7. AGE YEARS 42 MONTHS 2 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam boat pilot
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) 1932 **11. Total time (years) spent in this occupation** 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME George Kuhn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

15. MAIDEN NAME Salina A. Wilkinson

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

17. INFORMANT (ADDRESS) Carl Kuhn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Arrow Rock DATE Sept. 11 1936

19. UNDERTAKER (ADDRESS) Livery

20. FILED Sept 20 1936 C. R. Lowless
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 - 1936, to Sept. 10 - 1936
 I last saw him alive on Sept. 10 - 1936 Death is said to have occurred on the date stated above, at 11:30 am.
 The principal cause of death and related causes of importance were as follows:

Sept. 7 - 1936
Complete paralysis of right side & never regained consciousness.

Other contributory causes of importance:
I do not know.

Name of operation none Date of _____
 What test confirmed diagnosis? Where 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) B. C. Bradshaw, M. D.
 (Address) Arrow Rock, Mo.



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1. PLACE OF DEATH

County Saline

Registration District No. 792

Township

Primary Registration District No. 6035

City (No.)

St. Ward)

File No. 36359-

Registered No.

2. FULL NAME

Daniel Kuhn

(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) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 15

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Sep 20 19 36 C. L. Lawless Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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:

Complete paralysis of side
Cerebral Hemorrhage
Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence, fire) 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 P. C. Bradshaw, M. D.

(Signed) P. C. Bradshaw

(Address) Arrow Rock mo

S-36359.