

JAN 28 1937

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

Do not use this space.

44034

1. PLACE OF DEATH

County Carroll
Township Paducah
City Bosworth (No.)

Registration District No. 134
Primary Registration District No. 4075

File No.
Registered No. 20 St. Ward)

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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1:6 1 9

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

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) Bosworth Mo

13. NAME Frank Kuhn

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

15. MAIDEN NAME Katherine Doyle

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

17. INFORMANT (ADDRESS) Mrs Russell Kuhn 4060 McFee Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wharton DATE Dec 26 1936

19. UNDERTAKER (ADDRESS) David J. Edwards Bosworth Mo

20. FILED Dec. 24 1936 Mrs. Rose Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936, to Dec 24 1936

I last saw him alive on Dec 24 1936 Death is said

to have occurred on the date stated above, at 8:15 A.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Specific Poison

Name of operation Date of

What test confirmed diagnosis? Chemical Date of injury? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city, 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

(Signed) Alfred Ross Brown M. D.

(Address) Bosworth 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.

S. L. R.

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

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1. PLACE OF DEATH

County Carroll

Registration District No. 134

File No. _____

Township _____

Primary Registration District No. 4093

Registered No. 20

City Bosworth (No. _____)

St. _____ Ward _____

2. FULL NAME

Russell Harrison 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1936

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

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

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

I last saw _____ live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs; or _____ min. 46 1 9

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

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 _____

Cerebral Hemorrhage Date of onset _____

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

Other contributory causes of importance:
Specific Nephroses
Arteriosclerosis

13. NAME _____

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

Name of operation _____ Date of _____

15. MAIDEN NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city, town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____, 19____

Manner of injury _____

19. UNDERTAKER (ADDRESS) _____

Nature of injury _____

20. FILED Dec 24, 1936 Wm. Ross Brown Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. G. Ross Brown, M. D.

(Address) Bosworth Mo

SPECIAL

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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