WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 17 1937

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

Do not use this space.

2227

File No.

Registered No. 1.

1. PLACE OF DEATH

64 County: Marion

Township: South River

City: (No. , St. Ward)

Registration District No. 548.

Primary Registration District No. 5743.

2. FULL NAME: Frederick Kespohl

(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 4 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: Ella Kespohl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): eb. 11, 1857

7. AGE: Years 79 Months 10 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Jan. 1, 1937

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsfield, Ill.

FATHER

13. NAME: Frederick Kespohl

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

MOTHER

15. MAIDEN NAME: Minnie Koffman

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

17. INFORMANT: Mrs. Ella Kespohl
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE Greenwood Cem. DATE 1/15/37, 19

19. UNDERTAKER: Lewis Byrd
(ADDRESS) Palmyra, Mo.

20. FILED Jan. 14 - 1937 Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 8, 1937

I last saw him alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 12:10 a.m. p.m.

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

	Date of onset
Influenzal pneumonia	
Acute myocardial fibrillation	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? 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. H. Hull, M. D.

(Address) Palmyra, Mo.