

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

Dr. Johnson
 Do not use this space.

MAY 19 1937

1. PLACE OF DEATH
 37 County *De Kalb* Registration District No. *264*
 Township *Wright* Primary Registration District No. *5367*
 City *Franklin* (No.) St. Ward)

2. FULL NAME *Arnold Barbara - Kalf*
 (a) Residence, No. *Mayville Mrs. R.R.* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *55* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *16210*
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24, 1872*

| AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|----------|-----------|----------|-----------|----------------------------------|
| <i>5</i> | <i>64</i> | <i>6</i> | <i>12</i> | |

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) *Aug 23 1936* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Blen Switzerland*

13. NAME *Christina Meideshauser*

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

15. MAIDEN NAME *Barbara*

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

17. INFORMANT *August Kalf*
 (ADDRESS) *Mayville Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Butler* DATE *4-8-37*

19. UNDERTAKER *R. H. Taggart*
 (ADDRESS) *King City Mo.*

20. FILED *4-8* 19 *37* *Mrs. Reueler Stein*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 6* 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 15*, 19 *36*, to *April 4*, 19 *37*
 I last saw him alive on *April 4*, 19 *37*. Death is said to have occurred on the date stated above, at *11:30 a. m.*
 The principal cause of death and related causes of importance were as follows:
Cardio-nephritis 19 *36*

Other contributory causes of importance:
ASB

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify *August Johnson* M. D.
 (Signed) *Mayville Mo.*
 (Address)

