

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Monroe
City Hannibal (No. 2005 Broadway)

Registration District No. 547
Primary Registration District No. 3129

File No. 16956
Registered No. 127
St. _____ Ward _____

2. FULL NAME

Jennie Koch

(a) Residence, No. 2005 Broadway, 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

Female

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

Andy

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

Dec. 18, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

3

25

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)

11. Total time (years) spent in this occupation

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

Hannibal
mo

13. NAME

William Clague

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

England

15. MAIDEN NAME

Barbara Brown

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

Scotland

17. INFORMANT

Mrs Joe Koch

(ADDRESS)

2005 Broadway - Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt Olivet Cem DATE 4-15-1937

19. UNDERTAKER

James O'Connell

(ADDRESS)

Hannibal Mo

20. FILED

Apr 15 1937 St C. F. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 - 193722. I HEREBY CERTIFY, That I attended deceased from 3-18, 1937, to 4-12, 1937I last saw her alive on 4-12, 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Carcinoma of stomach Date of onset 1936

Other contributory causes of importance:

General metastases 1932

Name of operation none Date of _____What test confirmed diagnosis? X-ray Was there an autopsy? W

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) Frederick Redner, M. D.(Address) Hannibal, mo

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.

