Dr Vernon Coroner

JUL 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi Registration District No. 567
Township Wolf Island Primary Registration District No. 6767
City ..... (No. ..... St. ..... Ward)

File No. 24345
Registered No. 44

2. FULL NAME Edward Lewis Kuehner
(a) Residence, No. East Prairie St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Mary W. Kuehner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1875
7. AGE YEARS 62 MONTHS 2 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. Farming
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) June 26 - 1937
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Peter Kuehner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

MOTHER
15. MAIDEN NAME Marguerette Fath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary W. Kuehner East Prairie
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 6/28 1937
19. UNDERTAKER (ADDRESS) Travis N. Shelby East Prairie
20. FILED June 26 1937 Duff M. Hodges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from Inquest, 19..., to ..., 19...
I last saw h... alive on 30, 19... Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Killed with shot gun murdered

Date of onset

Other contributory causes of importance: 173

Name of operation ..... Date of .....
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 6-26, 1937
Where did injury occur? At his home in Miss County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At his home in Miss County Mo
Manner of injury Shot with shot gun
Nature of injury gunshot wound in neck & chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank S Vernon, M. D.
(Address) Charleston Mo Coroner

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.