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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County EUCHANAN — Registration District No. 85 — File No. 44727

Township WASHINGTON — Primary Registration District No. [illegible] — Registered No. 1331

City ST. JOSEPH (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME ROBERTA KUHLMAN

(a) Residence, No. STATE HOSPITAL St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 4, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, 14 hrs. or min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) ST. JOSEPH, MO.

FATHER

13. NAME RALPH KUHLMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KARNAK, ILLINOIS

MOTHER

15. MAIDEN NAME MARGARET E. HAMRE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DECORAH, IOWA

17. INFORMANT (ADDRESS) RALPH KUHLMAN STATE HOSPITAL No. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. AUBURN DATE DEC. 6, 1937, 19

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 12-6, 1937 H. J. Nestlehuck By J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 4, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 5:00 AM, 1937, to Dec. 4 7:45 PM, 1937

I last saw her alive on Dec. 4, 1937. Death is said to have occurred on the date stated above, at 7:45 P.m.

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

Atelectasis, pulmonary — Date of onset

159

Other contributory causes of importance:

Prematurity - 7 Mo. Gestation

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

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) E. E. Wadlow, M. D., M. D.

(Address) 620 Francis St., St. Joseph