

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JAN 21 1938

46314

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Townshp. _____ Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

File No. 352
 Registered No. 668

2. FULL NAME

Peter Kuhn

(a) Residence, No. 1209 So. Osage 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1937 to Dec 8, 1937

I last saw him alive on Dec 8, 1937 Death is said to have occurred on the date stated above, at 7:10 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1875

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 2 13

Date of onset 12/8/37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1909

Acute dilatation of heart.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Other contributory causes of importance: 13
Myocarditis
Chronic Nephritis

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) Mo.

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

13. NAME Peter Kuhn

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

15. MAIDEN NAME Christina Landmann

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Flora Kuhn
 (ADDRESS) Sedalia, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Dec. 10, 1937

Nature of injury _____

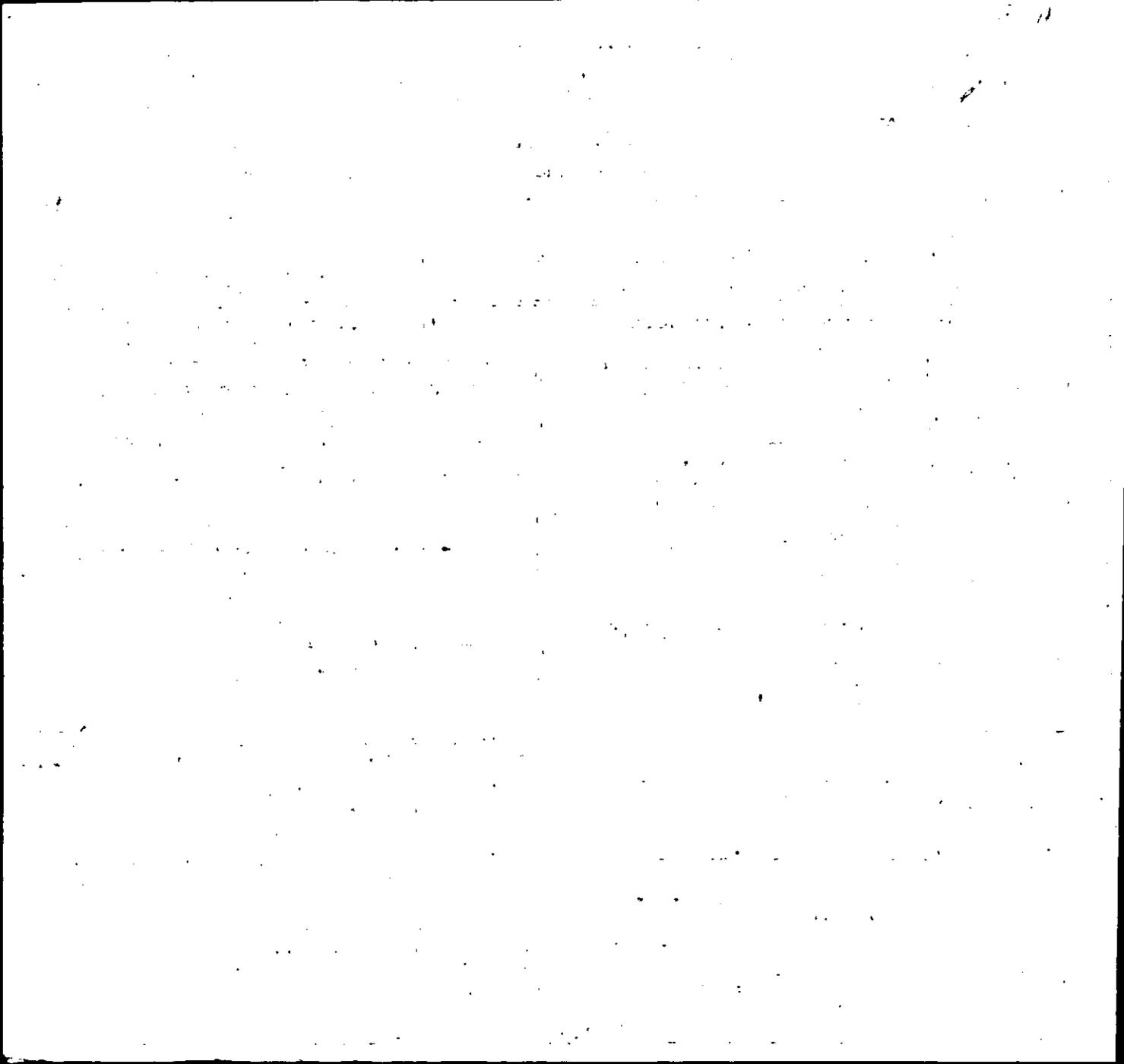
19. UNDERTAKER Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

24. Was disease or injury in any way related to occupation of deceased? No.

20. FILED 12-10-37 Jean Slack
 Registrar.

If so, specify _____

(Signed) Thomas B. Lewis, M. D.
 (Address) Sedalia, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46314
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township..... Primary Registration District No. 3032 Registered No.....
(c) City Sedalia (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter Kuhn

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 13

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Bell Tel. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILE Dec 10 1937 Jean Slack Local Registrar

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.....

(Signed) Frank B. Long, M. D.

(Address) Sedalia Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

