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 25 1938

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

Do not use this space.

128

~~4680~~

1. PLACE OF DEATH
County Scott — Registration District No. — File No.
Township Commerce — Primary Registration District No. — Registered No.
City Commerce (No. ..... St. ..... Ward)

2. FULL NAME Henry Christian Koch
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~) Mrs. Rosa Bretzel Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1861

7. AGE: YEARS 76 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

FATHER
13. NAME Frederick Koch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Amalia Goesseman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Rosa Koch Illmo Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. Cape Girardeau Mo. DATE 1/4 — 1938

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Jenns Mo.

20. FILED 1-5 1938 G F Detrind
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to Jan 2, 1938
I last saw him alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
93 C	
Other contributory causes of importance: Pneumonia (Broncho)	Dec 25th

Name of operation consultation Date of
What test confirmed diagnosis? Was there an autopsy? no

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) Fred W. Martin, D.O.
(Address) Illmo.