

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7729

42

42

REC'D MAR 23 1938

1. PLACE OF DEATH

County Perry  
Township Cinque Homme  
City (No. ....) (St. ....) (Ward)

Registration District No. 659  
Primary Registration District No. 5876

File No. ....  
Registered No. ....

2. FULL NAME Barnhardt Kohlfelt 414

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938, to Feb. 28, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1856

I last saw him alive on Feb. 27, 1938. Death is said to have occurred on the date stated above, at 12:45 A.M.  
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. 81 11 25

Paralytic Stenosis  
N.M.D.  
12.2.38

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

Other contributory causes of importance: Senility  
Date of onset 2/22/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ca pe Girardeau Co MO.

13. NAME Barnhardt Kohlfelt

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

15. MAIDEN NAME Katherine Werth

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

17. INFORMANT (ADDRESS) Anton Kohlfelt Biehle No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Biehle Ceme. DATE March 3 38

19. UNDERTAKER (ADDRESS) Young & Sons Perryville Mo.

20. FILED March 2 1938 Martin Woodcock Registrar.

Name of operation Chemical Date of .....  
What test confirmed diagnosis? Chemical 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) Bernard T. Koon M. D.  
(Address) Perryville, Mo.

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

574

Embalmed By *Wallace Young*

License No. *4027*