

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.

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH ²
County Platte 1 Registration District No. 695
Township Pettus Primary Registration District No. 5922
City Parkville (No. St. Ward)
2. FULL NAME Barbara Wochl 400
(a) Residence, No. Milton Station 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.

File No. 7844
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Feb 10 - 1938 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo.
13. NAME Michael Wochl 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Katherine Wagoner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
17. INFORMANT Wochl, Brothers
(ADDRESS) Parkville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Barry DATE Feb 26 1938
19. UNDERTAKER J. H. Francis Sence
(ADDRESS) Parkville Mo
20. FILED 3-10 1938 J. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938, to Feb 24, 1938
I last saw her alive on Feb 23, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Disease of Heart
Date of onset
94
Other contributory causes of importance:
Name of operation 0 Date of
What test confirmed diagnosis? 0 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) J. Underwood, M. D.
(Address) Parkville

