

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 18 1938

10342

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township

Primary Registration District No. 3009

City Cape Girardeau

(No. 125)

St. Mo. Hospital

File No. _____

Registered No. 86

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Koch Ave.

(Usual place of abode)

200

St. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs.

mos. 22 ds.

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

John Koch

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

Feb. 23, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60

0

22

OCCUPATION

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

Housewife

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)

Cape Girardeau

13. NAME

John Drieh

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

Switzerland, Germany

15. MAIDEN NAME

Christina Kaufman

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

Switzerland, Germany

17. INFORMANT (ADDRESS)

Calvin Koch

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont, Mo.

DATE March 18, 1938

19. UNDERTAKER (ADDRESS)

Hammans Funeral Home
Spring Cape Girardeau

20. FILED

3-15-1938

J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 11, 1938, to March 15, 1938

I last saw her alive on March 15, 1938. Death is said

to have occurred on the date stated above, at 5:15 p. m.

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

Cerebral Hemorrhage Date of onset Mar 7, 1938

Other contributory causes of importance:

Diabetes

Name of operation None

Date _____

What test confirmed diagnosis? Diagonal + Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? No (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

J. M. Thompson, M. D.

(Address) Cape Girardeau, Mo.

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