

REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Liberty
City (No. _____) _____

Registration District No. 978
Primary Registration District No. 5008

File No. 13894
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Eva Kaltenbach435

(a) Residence, No. _____ 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Eva Kaltenbach

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

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

6981

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Exynville (STATE OR COUNTRY) Ill13. NAME B. C. MacMaster14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)15. MAIDEN NAME Mary Hoffmann16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)17. INFORMANT Mrs. Minta Coy (ADDRESS) Nowing, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Campbell DATE 5-3 193819. UNDERTAKER Sumner & Flinchbaugh (ADDRESS) 211 North 1st20. FILED 5/10 1938 Paul Nowing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 193822. I HEREBY CERTIFY, That I attended deceased from Apr 25 1938, to May 3 1938I last saw him alive on May 1 1938. Death is said to have occurred on the date stated above, at 1 P. m.

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

Heart failure

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

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. S. Gashwiler M. D.(Address) Nowing, Mo

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.

131

1. PLACE OF

(a) County

(b) Township

(c) City

(e) Length of res.

PRINT FULL NAME

(a) Residence No.

PERSON

2A. FE

8. DA

7. AG

NO. TAYLOR

15. F

17. B

18. B

MA

IF FUNERAL (ADDR)

20. FILED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

13894
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 978
(b) Township Liberty Primary Registration District No. 5008 Registered No. _____
(c) City _____ (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 Eva Kaltenbach

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1868
7. AGE YEARS 69 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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. housewife
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE May 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Aug 10, 1938 Birth Registrar
Spencer L. Freeman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... 19...

I last saw h. _____ alive on _____, 19... Death is said to have occurred on the date stated above, at _____ m.

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

Heart plegia
General hemorrhage
131
Other contributory causes of importance: nephritis (chronic)

Date of onset

3 days

10 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. L. Bashfield, M. D.

(Address) Novinger

S13894