

REC'D JUL 15 1938

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

Do not use this space.

22081

## 1. PLACE OF DEATH

County Jackson  
Township Grandview  
City Grandview (No. (Kortyohann))

Registration District No. 404Primary Registration District No. 5558

File No. \_\_\_\_\_

Registered No. 50

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Paul Kortyohann 635

(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

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

Louise Kortyohann

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

Oct 7, 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

5786

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General Work

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

193411. Total time (years) spent in this occupation. life

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

Newport Mo

13. NAME

Louis Kortyohann

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

Genard Mo

15. MAIDEN NAME

Margaret Bailey

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

Newport Mo

17. INFORMANT

Mrs. S. P. Kortyohann

(ADDRESS)

Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Mo DATE June 14 1938

19. UNDERTAKER

E. H. Yeager & Sons

(ADDRESS)

Grandview Mo

20. FILED

7-91938Wm J B Brunner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13 193822. I HEREBY CERTIFY, That I attended deceased from 1931, 1938, to 6-13, 1938I last saw him alive on 6-13, 1938. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Arterio Sclerosis

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Arterio Sclerosis7 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Cholesterol 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 \_\_\_\_\_, 1938

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. B. Brunner, M. D.(Address) Grandview

