

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

Do not use this space.

25758

REC'D AUG 25 1938

1. PLACE OF DEATH

County Lafayette

Registration District No. 457

Township Weldon

Primary Registration District No. 5621B

City Concordia, Mo

(No. _____)

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Ruth Allene Kirchhoff

621

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 0 0 0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) Concordia, Mo (STATE OR COUNTRY) 0

MOTHER 13. NAME Adolph W. Kirchhoff 0

FATHER 14. BIRTHPLACE (CITY OR TOWN) Concordia, Mo (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Verena Flandermeyer

FATHER 16. BIRTHPLACE (CITY OR TOWN) Concordia, Mo (STATE OR COUNTRY)

17. INFORMANT Adolph Flandermeyer (ADDRESS) Concordia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran cemy DATE July 7 1938

19. UNDERTAKER E. S. James (ADDRESS) Concordia, Mo

20. FILED July 7 1938 Berdmund Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1938

22. I HEREBY CERTIFY, that I attended deceased from July 5 1938 to July 5 1938

I last saw him alive on July 5 1938 Death is said

to have occurred on the date stated above, at 11:50 A

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

atelectasis
161W

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E. S. James _____, M. D.

(Address) Concordia

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.

FORM 1 2031A

