

REC'D SEP 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Monteair*  
Township *Walker*  
City (No. *1*)

Registration District No. *571*  
Primary Registration District No. *5769*

File No. *29530*  
Registered No. *49*

2. FULL NAME

*Quanda Matilda Kirchhoff*

(a) Residence, No. *62-1* St. *62-1* Ward

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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Henry Kirchhoff*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-29-1908*

7. AGE YEARS *61* MONTHS *9* DAYS *27* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*  
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) *Monteair Co*

13. NAME *August Peters*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monteair Co*

15. MAIDEN NAME *Rosa Schear*

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

17. INFORMANT (ADDRESS) *Henry Kirchhoff*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City of California* DATE *8/27, 1938*

19. UNDERTAKER (ADDRESS) *W. Ulrich & Fred Meyer*

20. FILED *8-30-38* Registrar *W. Popejoy*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 18, 1936* to *Aug. 24, 1938*

I last saw her alive on *Aug. 24, 1938*. Death is said to have occurred on the date stated above, at *8 A.M.*

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

*Coronary Thrombosis*  
*942*

Other contributory causes of importance:  
*Hypertension*  
*Arteriosclerosis*  
*Cerebral Arteriosclerosis*

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) *H. J. DeWitt, M.D.*  
Address *California, Mo.*

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.

IN THE MATTER OF THE ESTATE OF ROBERT

DECEASED: EXECUTIVE ORDER OF

STATE OF CALIFORNIA

1/18

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

29530  
Do not use this space.

1. PLACE OF DEATH

(a) County Monteau Registration District No. 571  
 (b) Township Walker Primary Registration District No. 2769 Registered No. 49  
 (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 Amanda Matilda Kirchoff

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1866

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:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
71 910 27

Date of onset

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.....  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8-30- 1938 H.R. Popojoy (Local Registrar)

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) K. J. O'Banion, M. D. (Address) California

SUPPLEMENTARY

3. DEATHS SHALL NOT RECEIVE A FEE FOR CERTIFICATE, UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 4. OCCUPATION STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

