

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.

FEB 7 1939

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

Do not use this space.

3342

1. PLACE OF DEATH

County Osage
Township Chamois mo.
City Chamois mo. (No. 2383)

Registration District No. 639
Primary Registration District No. 5848

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 35 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-11-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 19

8. Trade, profession, or particular kind of work done, as planner, 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) (STATE OR COUNTRY) Germany

13. NAME Fredrick Kaufmond

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT William Schollmeyer (ADDRESS) Chamois mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chamois Catholic Cem. mo. DATE Feb-2-1939

19. UNDERTAKER Edw. T. Stockrich (ADDRESS) Chamois mo.

20. FILED 2-1-1939 Eather Souders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1939, to 1-30-1939

I last saw him alive on 1-30-1939. Death is said to have occurred on the date stated above, at 7-PM

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

1. Bronchial pneumonia (Bilateral)
2. Chronic Myocarditis
Other contributory causes of importance: 930

Name of operation None Date of
What test confirmed diagnosis? Cl. Phy Was there an autopsy? Y. O.

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) Wm. J. Kelly M. D.
(Address) Chamois mo.

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