

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

NOV 19 1940

35284

59

1. PLACE OF DEATH

County Gasconade

Registration District No. 304

File No. 59

Township Richland

Primary Registration District No. 5421

Registered No. \_\_\_\_\_

City Marrison (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Kuhlmann

(a) Residence, No. Marrison res., St. Rutland Ward \_\_\_\_\_

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-21-1963

7. AGE YEARS 76 MONTHS 10 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Gasconade (STATE OR COUNTRY) Mo

13. NAME Frank Birk

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

15. MAIDEN NAME Margaret Nestor

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

17. INFORMANT Rose M. Kuhlmann (ADDRESS) Marrison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marrison DATE 11-14 1940

19. UNDERTAKER Arnold Hausman (ADDRESS) Marrison, Mo.

20. FILED 11-16 1940 G. H. Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-7-40 1940 to 11-12-40 1940

I last saw him alive on \_\_\_\_\_, 1940 Death is said to have occurred on the date stated above, at 6-a.m.

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

apoplexy from chronic myocarditis

Other contributory causes of importance: ASC

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1940

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) U. M. C. Kully, M. D. (Address) C. Kessler

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

