

OCT 28 1930

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

Do not use this space.

29738

1. PLACE OF DEATH

County Henry
Township Leopold
City Montrose

Registration District No. 352
Primary Registration District No. 4209

File No. _____
Registered No. 13 Ward _____

2. FULL NAME

Martin L. Kaumans

(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 22 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1908

| | | | | |
|-----------|----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>22</u> | <u>1</u> | <u>3</u> | <u>3</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Invalid
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Montrose
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Kaumans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Kauman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY) _____

14. INFORMANT John Kaumans
(Address) Montrose Mo

15. FILED Sep 15 1930 J. M. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Birth, 1908, to Sep 14, 1930, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at Sep 13 1930 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Vertebra
(Potts disease)

(duration) 20 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. M. Miller, M. D.

Sep 15 1930 (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Montrose

Sept 16 1930

20. UNDERTAKER

ADDRESS

Welling Bros

Montrose

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.

