

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

Do not use this space.

9631

1. PLACE OF DEATH

County Henry
Township Beauregard
City Beauregard (No. _____)

Registration District No. 352
Primary Registration District No. 5494

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

2. FULL NAME

Josephine Kalwei
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1879

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
51 | 8 | 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Joseph Puttkoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 11
12. MAIDEN NAME OF MOTHER Mary Halle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) John Kalwei
Montrose Mo

15. FILED Mo 1927 John Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1923, 1923, to March 29, 1931.
that I last saw h. alive on March 29, 1931, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Luskemia
12A
CONTRIBUTORY (SECONDARY) 12A
(duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS. clinical
(Signed) Wm Miller M. D.
, 19 (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 German town Mo DATE OF BURIAL April 5, 31

20. UNDERTAKER Lennarty ADDRESS 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.

APR 23 1931

