

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

Do not use this space.

29436

1. PLACE OF DEATH

County Henry
Township _____
City Windsor mo.

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME Mrs. FREDERKA. KAHNAMA.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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 Friedrich B. Kautman

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

15. MAIDEN NAME Mrs. Margaret Piel

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

17. INFORMANT Miss L. Yda Kahnama
(ADDRESS) Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor DATE Sept 20, 1933

19. UNDERTAKER B. A. R. ...
(ADDRESS) Windsor Mo.

20. FILED 9-19-33 Windsor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1931, to Sept 18, 1933
I last saw her alive on Sept 18, 1933 Death is said to have occurred on the date stated above, at 8-30 m.

The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset 1931

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) T. J. Jennings M. D.
(Address) Windsor Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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