

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.

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

Do not use this space.

37177

1. PLACE OF DEATH

County St. Genevieve
Township St. Genevieve
City St. Genevieve

Registration District No. 780
Primary Registration District No. 6025

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME

(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) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank X. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 3 18

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

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) New Offenburger (STATE OR COUNTRY) Missouri

13. NAME John Kussig

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

15. MAIDEN NAME Catherine Fisher

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

17. INFORMANT Mrs. M. Kraenzle (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE Nov 6 1935

19. UNDERTAKER Geo. G. Baker (ADDRESS) St. Genevieve Mo

20. FILED Nov 5 1935 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Nov. 3, 1935

I last saw him alive on Nov 1, 1935. Death is said

to have occurred on the date stated above, at 8 A. m.

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

Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance

Chronic myocarditis
Chronic nephritis
Arteriosclerosis

4 yrs

Name of operation none Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. H. [Signature], M. D.

(Address) St. Genevieve Mo

