

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.

APR 25 1936

11649

1. PLACE OF DEATH

County Moniteau
Township Walden
City Ledford (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

Daniel Kuehni

(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? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1852

7. AGE YEARS 83 MONTHS 9 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Lanzana (STATE OR COUNTRY) Switzerland

13. NAME Daniel Kuehni

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) _____

15. MAIDEN NAME F. men

16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) _____

17. INFORMANT Schivist Kuehni (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Block Cemetery DATE April 1, 1936

19. UNDERTAKER J. W. Wilson & Son (ADDRESS) Ledford, Mo.

20. FILED 3-30-1936 H. R. Poppejay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Influenza
Nephritis chronic
Date of onset _____

Other contributory causes of importance: 731

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Lashley Gray, M. D.

(Address) _____

