

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.

FEB 27 1935

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

Do not use this space.

2142

1. PLACE OF DEATH

County Montana  
Township Walter  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 3769

File No. \_\_\_\_\_  
Registered No. ✓  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Minnie Kirchhoff

(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Kirchhoff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1864</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) (STATE OR COUNTRY) <u>Montana Co</u>		
13. NAME <u>Fred maver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Donit Kraut</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>John Kirchhoff</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Paul Evangelical Church Jan 23 1935</u>		
19. UNDERTAKER (ADDRESS) <u>William &amp; Fred Meyer</u>		
20. FILED <u>1-22-35</u> <u>H.R. Poppejay</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 20 1935  
Last saw her alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 7:55 P.M.  
The principal cause of death and related causes of importance were as follows:  
Septicemia

Date of onset 1-16-35

Other contributory causes of importance:  
Septicemia

Name of operation none 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) Edgar A. Jabbe, M. D.  
(Address) California

