MAY 22 193

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

Do not use this space.

13972

1. PLACE OF DEATH

County..Moniteau..

Township..Walkers..

City..Canifornia.. (No. .... , ... St. .... Ward)

Registration District No...571..

Primary Registration District No...4335..

File No. ....

Registered No...31..

2. FULL NAME..Eva Kuehni..

(a) Residence, No...California.. St., MO., ..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 Chris Kuehni

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1860

7. AGE YEARS 72 MONTHS 11 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

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.

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) August Kuehni California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Hill Cedifan DATE April 18 1933

19. UNDERTAKER (ADDRESS) J M Morlan + Son California Mo

20. FILED Apr 10 1933 Jas N Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 8, 1933

I last saw her alive on April 8, 1933. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Gastric ulcer

Date of onset about 1930

Other contributory causes of importance: Valvular heart disease.

Name of operation none Date of ....

What test confirmed diagnosis? .... 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) L. L. Latham , M.D.

(Address) California Mo