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

Do not use this space.

2559

68 1 2

1. PLACE OF DEATH
County Moniteau — Registration District No. 51
Township Walker — Primary Registration District No. 4335
City California — (No. ..... St. ..... Ward) — File No. ..... Registered No. 3

2. FULL NAME Orril Herman Kirchoff

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-21-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		1	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) California Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Loyd Kirchoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rachael Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY)

14. INFORMANT Loyd Kirchoff
(Address) California Mo.

15. FILED Jan 5 1929 Jesse Roth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-5- 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-2- 1929, to 1-5- 1929
that I last saw h..... alive on 1-4- 1929, and that
death occurred, on the date stated above, at 2-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O R Kirchoff, M. D
1-5-, 1929 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cety Cem	1/6 1929
20. UNDERTAKER	ADDRESS
Kellems & Friedmeyer	California Mo

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.