

X. 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.

25 1932

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

Do not use this space.

20179

1. PLACE OF DEATH

68 County Monteau
1 Township Walker
7 City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 92
St. Ward)

2. FULL NAME

Augusta Frederica Kirchoff
(a) Residence. No. St. Ward.
(Usual place of abode)
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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 1222
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monteau Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Rube

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathryn Lofman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Aug Burr Halle
(Address) California Mo

15. FILED 6.26.32 Jas. M. Roth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 19 32

17. I HEREBY CERTIFY, That I attended deceased from 6/24/32
19 32 to 6/24 19 32
that I last saw h. alive on 6/24 19 32 and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Transverse Colon. Intestinal obstruction.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4600
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF 1
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. Smith, M. D.

6/28 19 32 (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
Salem Evangelical Ch. 6/26 19 32

20. UNDERTAKER ADDRESS
Halleau & Friedman California

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key areas for improvement. This document is intended for the use of the project team and the management of the organization.

2. The project has been ongoing for several months and has made significant progress in many areas. However, there are still several key areas that need to be addressed in order to ensure the successful completion of the project.

3. The first key area is the need for improved communication and coordination between the different teams involved in the project. This is essential for ensuring that everyone is working towards the same goals and that there are no misunderstandings or conflicts.

4. The second key area is the need for improved documentation and record-keeping. This is essential for ensuring that all project activities are properly recorded and that there is a clear audit trail of the project's progress.

5. The third key area is the need for improved risk management. This is essential for identifying and mitigating any potential risks to the project's success.

6. The fourth key area is the need for improved resource management. This is essential for ensuring that the project has the necessary resources to complete its tasks.

7. The fifth key area is the need for improved quality control. This is essential for ensuring that the project's output meets the required standards and that there are no defects or errors.

8. In conclusion, the project has made significant progress, but there are still several key areas that need to be addressed in order to ensure the successful completion of the project. The project team and the management of the organization must work together to address these areas and to ensure that the project is completed on time and within budget.