WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 20 1933

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

Do not use this space.

19101

File No.

Registered No. 133

1. PLACE OF DEATH
16 County Cape Girardeau, Mo. Registration District No. 125
1 Township Cape Girardeau, Mo. Primary Registration District No. 3009
8 City [illegible] (No. S.E. Mo. Hospital St. Ward)

2. FULL NAME August L. Kurre

(a) Residence, No. R. F. D. # 2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Linda Kurre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 13th 1886

7. AGE: YEARS 47, MONTHS 4, DAYS 25. If LESS than 1 day, ...hrs. or ......min.

OCCUPATION

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

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): Cape Girardeau, Missouri

FATHER

13. NAME: August Kurre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau, Missouri

MOTHER

15. MAIDEN NAME: Mary Hoover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau, Missouri

17. INFORMANT: Mrs. Lina Kurre
(ADDRESS): R. F. D. #2 - Cape Gir. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lorimier DATE: June 11 1933

19. UNDERTAKER: A. C. Brinkopf
(ADDRESS): 536 Broadway

20. FILED 6/10 1933 C. C. Kaempfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1932, to June 8th, 1933

I last saw him alive on June 8th, 1933. Death is said to have occurred on the date stated above, at 6:15 m.

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

Lymphatic Leukaemia — Date of onset: About April 15th 1933

720

Other contributory causes of importance: infected and hypertrophied tonsils.

Name of operation: Tonsillectomy. Date of: 6-6/33

What test confirmed diagnosis? P.M. findings. Was there an autopsy? yes

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

[redacted] G. B. Schulz, M.D.

(Signed) M.D.

(Address) Cape Girardeau, Mo.

Schulz.