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NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

| PERSONAL AND STATISTICAL PARTICULARS                                                |                                  | MEDICAL PARTICULARS                                                                      |  |
|-------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|--|
| 3. SEX<br><b>Male</b>                                                               | 4. COLOR OR RACE<br><b>White</b> | 17. DATE OF DEATH<br><b>June 21</b>                                                      |  |
| 5. SINGLE, MARRIED, WIDOWED OR DIVORCED<br>(WRITE THE WORD)<br><b>Widowed</b>       |                                  | 18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED<br>_____, 194____, TO _____            |  |
| 6. DATE OF BIRTH<br><b>Oct 27, 1867</b>                                             |                                  | I LAST SAW HIM ALIVE ON _____                                                            |  |
| 7. AGE<br><b>74</b>                                                                 | YEARS MONTHS DAYS<br><b>8 1</b>  | THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <b>5.1</b> M.                             |  |
| 8A. TRADE, PROFESSION OR KIND OF WORK DONE<br><b>Editor Of Quanah Tribune Chief</b> |                                  | THE PRIMARY CAUSE OF DEATH WAS:<br>D IN                                                  |  |
| 8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED                                           |                                  |                                                                                          |  |
| 9. BIRTHPLACE<br>(STATE OR COUNTRY)<br><b>Holland</b>                               |                                  | CONTRIBUTORY CAUSES WERE _____                                                           |  |
| 10. NAME<br><b>John Antone Koch</b>                                                 |                                  |                                                                                          |  |
| 11. BIRTHPLACE<br>(STATE OR COUNTRY)<br><b>Holland</b>                              |                                  |                                                                                          |  |
| 12. MAIDEN NAME<br><b>Dont Know</b>                                                 |                                  |                                                                                          |  |
| 13. BIRTHPLACE<br>(STATE OR COUNTRY)<br><b>Holland</b>                              |                                  | IF NOT DUE TO DISEASE, SPECIFY WHETHER:<br>ACCIDENT, SUICIDE, OR HOMICIDE <b>Suicide</b> |  |
| 14. SIGNATURE<br><b>J.A. Koch</b>                                                   |                                  | DATE OF OCCURRENCE <b>June 21-1942</b>                                                   |  |
| ADDRESS<br><b>Quanah, TEXAS</b>                                                     |                                  | PLACE OF OCCURRENCE <b>at his home</b>                                                   |  |
| 15. PLACE OF BURIAL OR REMOVAL<br><b>Quanah, TEXAS</b>                              |                                  | MANNER OR MEANS <b>shot his self with pistol</b>                                         |  |
| DATE                                                                                |                                  | IF RELATED TO OCCU. . .                                                                  |  |