27 1928

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

Do not use this space.

28167

1. PLACE OF DEATH
County Pike
Township Ashley
City Ashley (No. ..... St. ..... Ward)

Registration District No. 683
Primary Registration District No. 4407

File No. .....
Registered No. .....

2. FULL NAME John Kaler

(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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20. 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	3	24	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Y Kaler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Martha Kaler
(Address) Ashley Mo

15. FILED Aug 14 1928 R. W. Hetherlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1928

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to August 14, 1928, that I last saw him alive on August 14, 1928, and that death occurred, on the date stated above, at 9.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Colon
46 C
153 B (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Ulcer of leg
(duration) 20 yrs. mos. ds.

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

45

6 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. M. Mathews M.D.

8/14, 1928 (Address) Ashley 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: Indian Creek Cemetery
DATE OF BURIAL: 8-15-1928

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green 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.