MAY 2 1929

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.

22556

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dup. to 32556-a

1. PLACE OF DEATH
County Vernon. Registration District No. 875 File No. 32556-a
Township Washington Primary Registration District No. 6162 Registered No. 44
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Thelma Kiser
(a) Residence. No. State Hospital #3 St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 4 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ? 1907

7. AGE: Years 21 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Mo.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) —
12. MAIDEN NAME OF MOTHER Emily Crabtree
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Co. Clerk - Texas Co. (Address)

15. FILED 3/13, 1929. E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1925, to Sept. 12, 1928 that I last saw her alive on Sept. 11, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
10%
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 101a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. N. Cowan, M. D.
9-12, 1928 (Address) Nevada 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: Success, Mo. DATE OF BURIAL: Sept. 13 1928.

20. UNDERTAKER: L. H. Turpin, ADDRESS: Nevada, Mo.