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

Do not use this space.

41935-a

MAR 25 1929

1. PLACE OF DEATH

County: Osage — Registration District No.: 639 — File No.:

Township: Benton — Primary Registration District No.: 3848 — Registered No.:

City: (No. St. Ward)

2. FULL NAME Hilda Kessler

(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: Female

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Kessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 6 - 1901

7. AGE: Years 27 — Months 6 — Days 1 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(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): Pershing Mo

PARENTS

10. NAME OF FATHER: ~~Aunt~~ Fred Uthe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pershing Mo

12. MAIDEN NAME OF MOTHER: Christina Homeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pershing Mo

14. INFORMANT (Address): Fred H. Uthe

15. FILED 2-21, 1929 — L. E. Souder, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/9 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/9, 1928, to 12/9, 1928 that I last saw her alive on 12/9, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Spinal Meningitis (Coronors Verdech) (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Howard Workman, M. D., 19 (Address) Pershing 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: Pershing Cemetary — DATE OF BURIAL: 12-10 1928

20. UNDERTAKER: Arnold Hummert — ADDRESS: Morrison Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.