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

Do not use this space.

41935-B

MAR 25 1929

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

1. PLACE OF DEATH

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

Township: Benton — Primary Registration District No.: 5848 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry Kessler

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-21-1896

7. AGE: 32 YEARS — MONTHS: 7 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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: dont Know
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 X Fred H. Uthe
(Address)

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-8-1928

17. I HEREBY CERTIFY, That I attended deceased from 12/8, 1928, to 12/8, 1928, that I last saw him alive on ....., 19..., and that death occurred, on the date stated above, at 12/8/28 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro Spinal Meningitis
(Coronors Verdict)

B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... 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: Marsden Mo