

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

Do not use this space.

5608

**1. PLACE OF DEATH**

County Buchanan  
Township Washington  
City Washington

Registration District No. 86  
Primary Registration District No. 5727

File No. \_\_\_\_\_  
Registered No. 11

(No. 4 Mi. So. of St. Joseph on Sparta Road, St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Barbara Nesser

(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 37 yrs. mos. ds. How long in U.S., if of foreign birth? 79 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 27, 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>11</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Zurich, Switzerland  
(STATE OR COUNTRY)

10. NAME OF FATHER Abraham Rinderknecht

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switz.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna B. Welty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switz.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. F.W. Speaker  
(Address) R.F.D.#5, St.Jos, Mo.

15. FILED 2-15-29 19 29 REGISTRAR J.P. Bausch

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 13, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to Feb 13, 1929 that I last saw her alive on Jan 15th, 1929, and that death occurred, on the date stated above, at 9.30 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
118  
118 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY General Arterio  
(SECONDARY) Sclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John J. Tucker M. D.

1107 . 1929 (Address) St Joseph 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 Ashland Cemetery DATE OF BURIAL Feb, 16, 1929

20. UNDERTAKER W. H. Meichoff ADDRESS 1302 Faraon St.

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.

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