AUG 22

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

85

Do not use this space.

23857

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001
Township — Primary Registration District No.
City St Joseph (No.) 2206 Seneca St. Ward)

File No. 848
Registered No.

2. FULL NAME Charles A d Kisson

(a) Residence. No. 2206 Seneca St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona A d Kisson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	75	6	11	

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER William A d Kisson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Leona A d Kisson
(Address) 2206 Seneca St Joseph Mo

15. FILED JUL 15 1929 John L Cobb REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1929, to July 13, 1929, that I last saw h. alive on July 13, 1929, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphatic Leukemia

16A

16B (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. T. Geraghty, M. D
(Address) St. Joseph Mo July 15, 1929

*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 Mt Mora — DATE OF BURIAL July 15 1929

20. UNDERTAKER Heaton Begole + Bowman — ADDRESS 319 S 8th 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.