MAR 28 1930

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

Do not use this space.

5845

1. PLACE OF DEATH
County Nodaway
Township ~~Hopkins~~
City Hopkins
Registration District No. 624
Primary Registration District No. 4375
File No.
Registered No. 4
(No. ..... St. ..... Ward)

2. FULL NAME John Kissel
(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 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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) Feb. 14-1858

7. AGE: 71 YEARS, 11 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired farmer 93D 97
(b) General nature of industry, business, or establishment in which employed (or employer): 137
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franish Hisia
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER: unk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unk
12. MAIDEN NAME OF MOTHER: unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unk

14. Information from converstions with him
INFORMANT Oliver Young
(Address) Hopkins

15. FILED 7/8 1930 O H Sayler REGISTRAR
Mar-12-30 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-30, 1929, to 2-6, 1930, that I last saw him alive on 2-6, 1930, and that death occurred, on the date stated above, at 7:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis & auricular fibrillation
Chronic poisoning, Arterio Sclerosis
Adenomatous prostate
(duration) yrs. 7 mos. 6 ds.

CONTRIBUTORY (SECONDARY) gen 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? ✓
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) R B Bridgeman Jr MD, M. D
7/8, 1930 (Address) Hopkins, 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: Hopkins, cem.-Hopkins, Mo.
DATE OF BURIAL: Feb 9 1930

20. UNDERTAKER: A. L. Stithem # 2658
ADDRESS: Bedford, Ia.

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.