

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 22 1930

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

Do not use this space.  
32759 <sup>B</sup>

1. PLACE OF DEATH  
 County Jackson Registration District No. 397  
 Township Gravis Primary Registration District No. 4234  
 City Dreunwood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert 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 48 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Kissel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-22-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>	<u>1</u>	<u>1</u>	<u>19</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (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) Tex.

PARENTS

10. NAME OF FATHER Simon Kissel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Elizabeth Futz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Nancy Kissel  
 (Address) Greenwood Mo.

15. FILED 12/10, 1930 Mr. F. D. Sumpster  
 REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-11-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-1-1930 to 10-12-1930, that I last saw him alive on 10-12-1930 and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis (Interstitial)  
131  
12.5 B (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cystitis  
 (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home  
 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) E. P. Clouse, M. D.  
 , 19 30 (Address) Pleasant Hill 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 Dreunwood Cemetery DATE OF BURIAL Oct-13-1930

20. UNDERTAKER Field & James Co. Address St. Louis Mo.

