

D.W.

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

Do not use this space.

1. PLACE OF DEATH

67 County *Mississippi*
Township *4*
City *East Prairie*

Registration District No. *6-67*

Primary Registration District No. *4334*

File No. *10793*
Registered No. *24*
St. _____ Ward)

2. FULL NAME

John Robert Joseph Lee Kestner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 5th 1931</i>		
7. AGE	YEARS	MONTHS
		<i>1</i>
		DAYS
		<i>15</i>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *East Prairie Mo.*

13. NAME *Joseph Robert Kestner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *don't know 31*

15. MAIDEN NAME *Alton Mayland*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *John Kestner East Prairie Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *East Prairie Mo. Mar 20 1931*

19. UNDERTAKER (ADDRESS) *James Shelby East Prairie Shelby*

20. FILED *3-20 1931* *Duff on Hodges Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/20 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 3-16 1931 to Mar 20 1931*
I last saw him alive on *Mar 19 1931* Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Yellow fever
Crysipelas of the face head and trunk
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *W. W. Whitaker* M. D.
(Address) *East Prairie Mo.*

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.

APR 24 1931

