

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 1 1932

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

Do not use this space.

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 124
 Township White Water Primary Registration District No. 5783
 City near Markersville St. _____ Ward _____

2. FULL NAME John F. Kistner
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 3954
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Anthony White Kistner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co. 1

13. NAME John Kistner Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known, 31

17. INFANT (ADDRESS) Old Kistner, Markersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Cemetery DATE Feb 24 1932

19. UNDERTAKER (ADDRESS) McBanks Funeral Co Jackson, Mo.

20. FILED 2-23 1932 D. G. Schuber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Feb 23 1932
 I last saw him alive on Feb 15 1932 Death is said to have occurred on the date stated above, at 2 A m.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset 102

Other contributory causes of importance:
None

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? No.
 If so, specify _____
 (Signed) D. L. Seabedghe, M. D.
 (Address) Jackson Mo.

