

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

Do not use this space.

7327

1. PLACE OF DEATH
 7 County Bates Registration District No. 50
 3 Township _____ Primary Registration District No. 3004
 4 City Butler (No. Butler Hospital) St. _____ Ward _____

2. FULL NAME Dorothy Mae Kizer
 (a) Residence. No. Archie, Mo., 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.

File No. _____
 Registered No. 76
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 5-16-1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 9 21 _____

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

9. BIRTHPLACE (CITY OR TOWN) Archie, Mo.
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Alfred Kizer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Archie, Mo.
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Mary Amendt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) Frankford @ The Main

14. INFORMANT Alfred Kizer
 (Address) Archie Mo

15. FILED March 9 1932 Anna L. Culver
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to Mar 7, 1932 that I last saw him alive on Mar 7, 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute general Peritonitis
121A
129
 (duration) yrs. mos. ds.
 CONTRIBUTORY Rupture Acute
 (SECONDARY) Appendicitis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 121A
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Carte, H. Luten, M. D.
Mar 9, 1932 (Address) Butler 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 Crescent Hill DATE OF BURIAL March 9 1932

20. UNDERTAKER Atkinson and Easterly ADDRESS Archie Mo

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.

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

APR 3 1932

