

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

Do not use this space.

23555

1. PLACE OF DEATH

73 County Newton  
Township Newton  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 614  
Primary Registration District No. 5-811

File No. 274  
Registered No. 33 Ward \_\_\_\_\_

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5-1905</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>4</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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
<u>worked in March</u>		<u>16</u>

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1932

2. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 27, 1932

I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 3.0 m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis Date of onset 1930

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? (1)

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓, 1932  
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) W. Roseberry, M. D.  
(Address) Neosho, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME William Kissel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Anna Shipman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Ed. Brown  
(ADDRESS) Newton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Burroughs DATE July 29, 1932

19. UNDERTAKER Wm. Weigel  
(ADDRESS) Neosho, Mo.

20. FILED 29 1932 D. M. F. Palmer  
Registrar.

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.

MAY 25 1932

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Newton Registration District No. 614 File No. 22  
 Township Newtonia Primary Registration District No. 5811 Registered No. 13  
 City (No. ) St. Ward

**2. FULL NAME**

(a) Residence, No. Jesse Edison Hissell 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 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 4 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (Trics)

10. Date deceased last worked at this occupation (month and year) Apr. 1932 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Missouri

13. NAME William Hissell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Annie Shipman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Edna Brown Newtonia, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Derwicks DATE July 29 1932

19. UNDERTAKER (ADDRESS) Wm. Wessell, Jr. Paines City, Mo.

20. FILED July 29 1932 Dr. M. D. Robin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1932 to July 27 1932

I last saw him alive on Apr. 10 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1930

Other contributory causes of importance:

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) E. M. Resbery, M. D.  
 (Address) Newtonia, Mo.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

State of Missouri,  
County of Newton, ss

Mrs. Edna Brown, being of lawful age and duly sworn, states that she is the sister of Jessie Edison Kissell, whose death occurred July 27th, 1932, and whose certificate of death is opposite.

That in the original certificate of death there were certain erroneous information of facts and that the opposite is made in corrections of such errors and the opposite is a true and correct statement of the facts.

Mrs. Edna Brown

Subscribed and sworn to before me this 29th day of September, 1932,  
at Neosho, Mo. My commission expires June 23rd, 1935.

~~[Signature]~~  
Notary Public.

5-223555