

MARGIN RESERVE FOR BINDING

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.

SEP 24 1932

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

Do not use this space.

26757

1. PLACE OF DEATH
 64 County Mason Registration District No. 547
 1 Township Mason Primary Registration District No. 3029
 8 City Hannibal (No. 1900, Chestnut St. 6 Ward 6)
 2. FULL NAME John George Kaiser
 (a) Residence No. 1900 Chestnut St. 6 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 230
 Registered No. 229

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 Angel C. Kaiser
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Prop.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher Shop.
 10. Date deceased last worked at this occupation (month and year) about 1922 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
 13. NAME Henry Kaiser
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31
 17. INFORMANT Mrs. Angel C. Kaiser
 (ADDRESS) Hannibal Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery DATE Aug. 18-1932
 19. UNDERTAKER Ray L. Johnson
 (ADDRESS) Hannibal Mo.
 20. FILED Aug 18 1932 C. C. Cousins Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15-1932
 22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Aug. 15, 1932
 I last saw him alive on Aug. 15, 1932 Death is said to have occurred on the date stated above at 5:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Toxic gaiter
106 B
93 B 66 B
 Other contributory causes of importance:
myocarditis
 Name of operation none 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) J. H. Arderty M. D.
 (Address) Hannibal Mo.

