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.

24 1933

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell, Registration District No. 93 File No. 431
Township Davis, Primary Registration District No. 4055 Registered No. 5
City Braymer, (No. , St. Ward)

2. FULL NAME Margaret Kasper,
(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 Female,
4. COLOR OR RACE White,
5. [redacted] WIDOWED, OR [redacted] (write the word) Widowed,
5A. IF [redacted] WIDOWED, OR [redacted] (OR) WIFE OF Wilhelm Kasper,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-18"-1845
7. AGE YEARS 87 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House-keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,
10. Date deceased last worked at this occupation (month and year) Dec.-1932
11. Total time (years) spent in this occupation 80 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland,

FATHER
13. NAME John Fluhman,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland,

MOTHER
15. MAIDEN NAME Not Known,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland,

17. INFORMANT (ADDRESS) Edw Zumbrunnen Braymer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer Evergreen Cemetery, DATE Jan. 1933
19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.
20. FILED Jany 22, 1933 H H Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1933
22. I HEREBY CERTIFY That I attended deceased from January 20, 1933, to January 21, 1933
I last saw her alive on January 21, 1933 Death is said to have occurred on the date stated above, at 8-P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
82 A
97 82 A
Other contributory causes of importance: Arterio-Sclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ardwell B Dooley, M. D.
(Address) Braymer Mo