

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

Do not use this space.

1100

1. PLACE OF DEATH
 County Grundy Registration District No. 330
 Township Trenton Primary Registration District No. 3017
 City Trenton (No. _____, _____ St. _____ Ward _____)

2. FULL NAME David William Kislig
 (a) Residence, No. 1505 East 13th St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lizzie Kislig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>62</u>	<u>3</u>	<u>10</u>		

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

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) Spickard Mo.

FATHER

13. NAME John Kislig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Philadelphia Ohio

MOTHER

15. MAIDEN NAME Eveline Cartmill

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

17. INFORMANT (ADDRESS) Lizzie Kislig Mrs

18. BURIAL, CREMATION, OR REMOVAL PLACE North Evans DATE Feb. 2 1933

19. UNDERTAKER (ADDRESS) Charles Schooler Spickard Mo.

20. FILED Feb 1 1933 E. A. Duffey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1933 to Jan 30th 1933.
 First saw him alive on Jan 30th 1933 Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Nephritis
130 / 30
 Other contributor 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? _____
 If so, specify _____
 (Signed) E. R. Oshley M. D.
 (Address) Trenton 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.

