JUN 20 1933

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.

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No. 15896
Township Gyrd. — Primary Registration District No. 5179 — Registered No. 20
City Near Jackson Mo. (No. ..... St. ..... Ward)

16

2. FULL NAME Joseph Kiesling
(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: 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) Mar 19. 1848
7. AGE: YEARS 85 — MONTHS 1 — DAYS 16. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Germany
10

FATHER
13. NAME Joseph Kiesling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
10

MOTHER
15. MAIDEN NAME Francis Kammrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
10

17. INFORMANT (ADDRESS) Mrs Leo Brugger Gordonville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Heights DATE May 7 1933
19. UNDERTAKER (ADDRESS) McCombs Lunn & Lund Co. Jackson Mo.
20. FILED 5-6 1933 D. G. Seibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to May 5, 1933
I last saw him alive on May 3, 1933 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:

	Date of onset
Chronic Nephritis	1930
131	
77	
131	

Other contributory causes of importance:

Arterio Sclerosis	1931

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) [signature], M. D.
(Address) Jackson Mo