

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.

JUN 22 1933

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

Do not use this space.

1611095  
16221 16221

1. PLACE OF DEATH

County Barren  
Township Boen  
City Fred (No. 5424)

Registration District No. 306  
Primary Registration District No. 5424

File No. 16221  
Registered No. 6 St. 6 Ward

2. FULL NAME

Fred Kissmann  
(a) Residence, No. St. Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12-1862  
7. AGE YEARS 70 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

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. Farmer  
10. Date deceased last worked at this occupation (month and year) May 20, 1933 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boen T. Barren

13. NAME Mr. Kissmann

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

15. MAIDEN NAME J. Meyerant

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

17. INFORMANT (ADDRESS) John Kissmann

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE May 28, 1933

19. UNDERTAKER (ADDRESS) John Engelbrecht

20. FILED May 26, 1933 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25-1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to May 25, 1933  
I last saw him alive on May 25, 1933 Death is said to have occurred on the date stated above, at 5 P. M.  
The principal cause of death and related causes of importance were as follows:

Cancer of the right side of his head Date of onset May 25, 1933

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? Physical Was there an autopsy? None

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

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify John Engelbrecht, M. D.  
(Signed) Stang Hill, Mo.  
(Address)

