

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

Do not use this space.

20667

File No. _____
Registered No. 155 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Lewis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 511 E 3rd)

2. FULL NAME

August Kaber
(a) Residence, No. 511 E 3rd St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milvandi Kaber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 6 24

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____
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) Mo

13. NAME Hermann Kaber

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

15. MAIDEN NAME Margaret Cordie

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

17. INFORMANT Mrs J W Boger (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 6/13 1933

19. UNDERTAKER Gilstrap Jewel Home (ADDRESS) Sedalia Mo

20. FILED 6-13 1933 J. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1933

22. I HEREBY CERTIFY That I attended deceased from June 10 1933 to June 11 1933

I last saw him alive on June 11 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease Date of onset about 1930

131 A 131

Other contributory causes of importance: Cerebral hemorrhage June 10 1933

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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 W Boger, M. D.

(Address) Sedalia, Mo

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.

JUN 23 1933

80
4
8

OCCUPATION
MOTHER
FATHER

