

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

Do not use this space.

23047

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence (No. 8607 Independence Rd.) St. _____ Ward _____

File No. _____
 Registered No. 207

2. FULL NAME Mrs. Nellie Kosier
 (a) Residence, No. 8607 Independence Rd. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Kosier		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1856		
7. AGE	YEARS	MONTHS
	77	4
		21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana		
13. NAME George Bemis		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know		
15. MAIDEN NAME Julia Kraft		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know		
17. INFORMANT Mrs. W. H. Daugherty (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL Independence, Mo. DATE 7-10-33 19__		
19. UNDERTAKER Freeman Mortuary (ADDRESS) K. C. MO.		
20. FILED July 11, 1933 J. L. Cook Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 33, 19**

22. I HEREBY CERTIFY That I attended deceased from Sept 7 1933 to July 8 1933
 I last saw him alive on July 4 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Myocardial insufficiency Date of onset July 32
920
112
 Other contributory causes of importance:
Bronchial asthma July 33

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

23. If death was due to external causes (violence), fill in also the following: not
 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) R. B. Kahan M. D.
 (Address) 6900 Washington Ave. Blue
Kansas City, 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.

JUL 22 1933

Dr. Callagan

6900 Washington Pk. Blvd.

2 - 5