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

Do not use this space.

29552

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3877
City Kansas City (No. 3532, Brooklyn St. Ward)

2. FULL NAME Mrs. Josephine Kesweter
(a) Residence, No. 3532 Brooklyn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Charles Kesweter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21st. 1856

7. AGE: YEARS 76 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Milwakee Wis.

FATHER
13. NAME Geser Benedict
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME B. Pyron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Minnie Kesweter 3532 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Oct. 3rd. 1933

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Son's 2111 E. 9th. St.

20. FILED 10-2-1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... I last saw h.... alive on ....., 19.... 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:
Chronic pulmonary tuberculosis
23 H
Date of onset
Other contributory causes of importance:
no
Name of operation ..... Date of .....
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) [signature]

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.

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