

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City St. Joseph

(No.

Missouri Methodist Hospital

File No.

4058

Registered No.

225

St. Ward)

2. FULL NAME Daniel Luther Kiger

(a) Residence, No. Blair, Kansas  
(Usual place of abode)

St.

Ward.

Blair, Kansas

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

14

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)  
Divorced

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

Francis Kiger

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

Oct. 28, 1877

7. AGE

YEARS

56

MONTHS

3

DAYS

26

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farm er

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm

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)

Mercer Co. Missouri

MOTHER FATHER

13. NAME

Francis M. Kiger

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

Fontain Co. Indiana

15. MAIDEN NAME

Mary Ellen Cooper

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

Van Beuren Co.. Iowa

17. INFORMANT (ADDRESS)

George L. Kiger Blair, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE

Blair

DATE

Feb. 27

19

19. UNDERTAKER (ADDRESS)

John D. Clark 202 King Hill Ave

20. FILED

2-26-34

34

John D. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 24, 1934

19

22. I HEREBY CERTIFY, That I attended deceased from

2-12

1934, to 2-24

1934

I last saw him alive on 2-24-1934. Death is said

to have occurred on the date stated above, at 10 P. M.

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

Appendicitis - with abscess

Date of onset

12/18/33

Other contributory causes of importance:

Pertussis gland

2-10-34

Name of operation Drainage

Date of 2-17-34

What test confirmed diagnosis? Abdominal 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 No

(Signed)

Paul J. Jones

M. D.

(Address)

St. Joseph, Mo

