

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

Do not use this space.

4715

1. PLACE OF DEATH

County Holt Registration District No. 374
 Township Forbes Primary Registration District No. 5521
 City Forbes (No. Forbes, Mo. St. _____ Ward _____)

File No. 155
 Registered No. 155

2. FULL NAME Simon George Kiefer

(a) Residence, No. Forbes, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 7 0 93

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

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

10. Date deceased last worked at this occupation (month and year) Feb - 1934 11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellerive Missouri

13. NAME Simon Kiefer

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

15. MAIDEN NAME Christina Rothman

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

17. INFORMANT mo Adelia Kiefer (ADDRESS) Forbes, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE Mar 2 1934

19. UNDERTAKER Heaton, Be Gole + Bowman (ADDRESS) St Joseph Mo.

20. FILED Apr 10 1934 Clarence J. Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 - 1934, to Feb 27 - 1934

I last saw him alive on Feb 27 - 1934. Death is said

to have occurred on the date stated above, at 6:10 A. M.

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

Cerebral Hemorrhage Date of onset _____

Other contributor causes of importance: 82.91

Name of operation none Date of _____

What test confirmed diagnosis? culture 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? _____

If so, specify _____

(Signed) Francis M. D.

(Address) 801 1/2 Francis St. Joseph, Mo.

WRITE CLEARLY, 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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