

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.

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

Do not use this space.

5283

1. PLACE OF DEATH

County Jackson
 Township Prague
 City Littlefield

Registration District No. 400
 Primary Registration District No. 15553B
 (No. Jackson Co. 400)

File No. _____
 Registered No. 49
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson County Home Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>not known</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-1-1859</u>		
7. AGE YEARS <u>1 75</u>	MONTHS <u>1</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>not known</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
not known

MOTHER	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT J. W. Kestler
 (ADDRESS) Prague, Mo.

18. BURIAL, CREMATION OR REMOVAL
Knolly Cemetery 3/90

19. UNDERTAKER Kellie
 (ADDRESS) Prague, Mo.

20. FILED March 9, 34
William J. Fields
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to 2/1, 1934.
 I last saw him alive on 2/1, 1934. Death is said

to have occurred on the date stated above, at 10 A. m.

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

Senile debility Date of onset _____

Other contributory causes of importance: 102 / 102

Name of operation _____ 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. Kestler M. D.

(Address) Prague, Mo.

