

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

Do not use this space.

8322

MAY 25 1934

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 109
Township _____ Primary Registration District No. 3014 Registered No. _____
City Jefferson City (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME Nelda May Kaver

(a) Residence, No. 114 R. W. Elm St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1928

7. AGE YEARS 5 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Jefferson City, Mo. (STATE OR COUNTRY)

13. NAME Joe Kaver

14. BIRTHPLACE (CITY OR TOWN) New York City, N. Y. (STATE OR COUNTRY)

15. MAIDEN NAME Helen Bescheinen

16. BIRTHPLACE (CITY OR TOWN) Loose Creek, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. Joe Kaver (ADDRESS) 114 R. W. Elm,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 4 / 2 / 34

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City

20. FILED 4-4-34 Robert M. O'Bea Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 30 / 34 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934 to March 30, 1934

I last saw her alive on March 30, 1934 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Accidental first and second degree burn of one eye and leaf of left eye face Date of onset 3-29-34

Other contributory causes of importance:

Shock

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-29-34

Where did injury occur? Jefferson City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Accidental burn

Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Julius A. Osseman, M. D.

(Address) 254 Madison St. Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY around the cause of death.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH Loole
 County..... Registration District No. 213
 Township..... Primary Registration District No. 3014
 City Jefferson City (No. St. Ward)
 2. FULL NAME Helda May Kaver
 (a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>4-4-1934</u> <u>D. Bedford</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... 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:

Accidental burns
2nd degree
burns over face
and body

Date of onset

Other contributory causes of importance:
clothing caught fire
while playing near bonfire

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 Julius D. Quince, M. D.
 (Signed) J. E. mo
 (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

5-8302