

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

Do not use this space.

1. PLACE OF DEATH

County An drew

Registration District No. 13

File No. 15611

Township Savannah

Primary Registration District No. 4.0.10

Registered No. _____

City Savannah

No. D. Nichols Sanatorium

St. _____ Ward _____

2. FULL NAME

(a) Residence No. Jimmie Anna Kellner St. _____ Ward _____

(Usual place of abode)

Bolivar Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
	6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Frank Kellner</u>			
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-1-1871</u>			
	7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>1</u>
		IF LESS than 1 day, _____ hrs. or _____ min.		
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1934, to 5-2-1934

I last saw her alive on 5-2-1934. Death is said to have occurred on the date stated above, at 4:20 pm.

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

Other contributory causes of importance: _____

Date of onset 1 day

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown - Europe</u>
	13. NAME <u>Adolph Mitchell</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Europe</u>
	15. MAIDEN NAME <u>unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Europe</u>
	17. INFORMANT (ADDRESS) <u>Cyrill Kellner Bolivar, Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar, Mo</u> DATE <u>May 5 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Frank A. Baerbaum Savannah, Mo</u>	
20. FILED <u>May 2 1934</u> <u>Mrs. A. R. King</u> Registrar.	

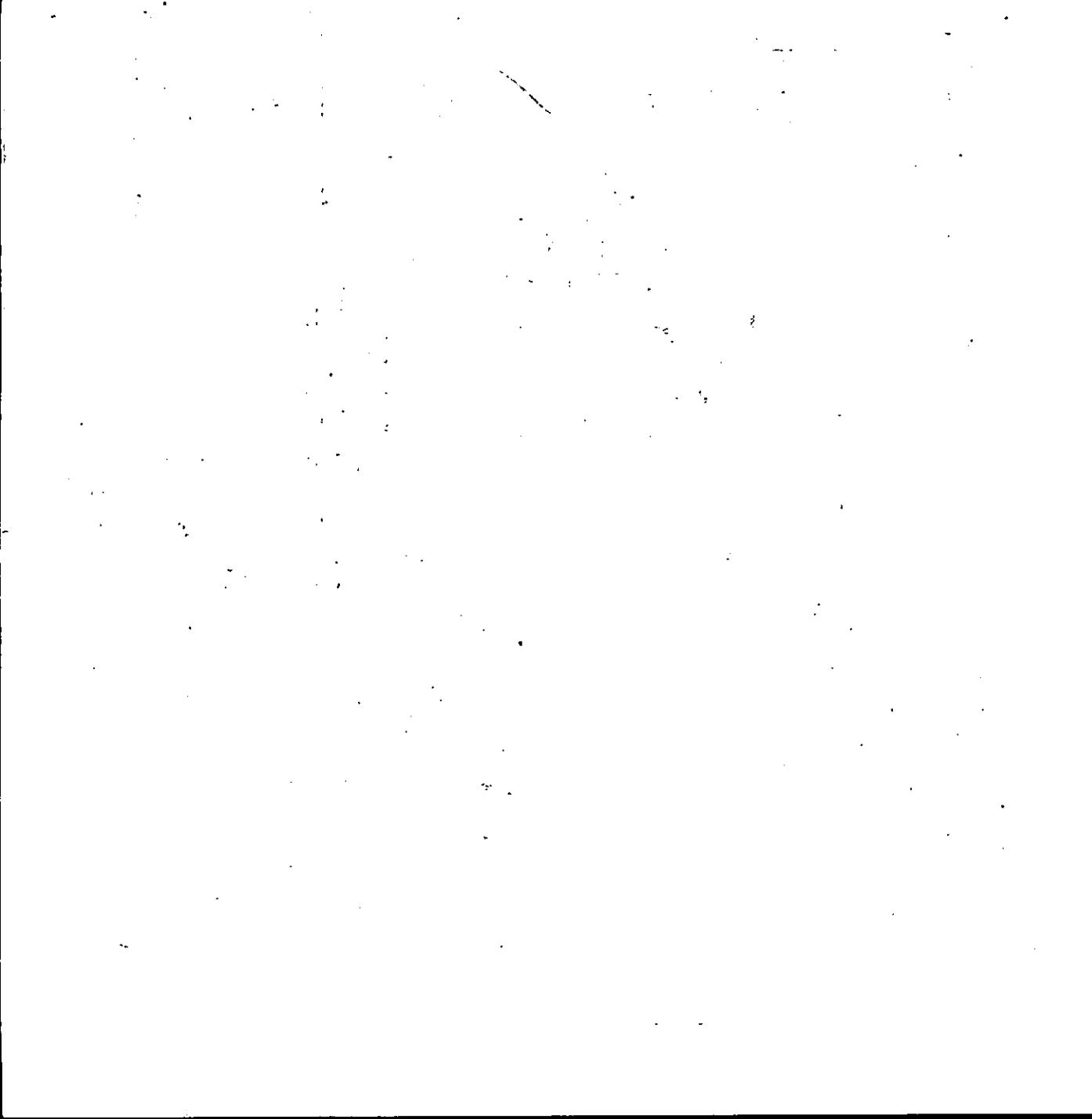
Name of operation right breast removed Date of 4-10-34

What test confirmed diagnosis? Physic Was there an autopsy? N

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? N
If so, specify _____
(Signed) Willard A. Stearns, M. D.
(Address) Savannah Mo



Andrew

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 15-611

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jessie Anna Killner
Who died at _____ on 5-2-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 63 Months 4 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute Lobar Pneumonia

Other contributory causes of importance Carcinoma right breast
Name of operation right breast tumor Date of 4-10-34

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs A R King

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 18
Primary Reg. Dist. No. 4010

E. T. McGaugh M.D.
Special Agent.

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