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

Do not use this space.

JUL 12 1934

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 19338
Township ~~Prairie~~ — Primary Registration District No. 3001 — Registered No. 110
City Kirksville (No. ..., ... St. ..... Ward)

2. FULL NAME Harriet Bell Prough Kaser
(a) Residence, No. 301 E. Washington 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred T. Kaser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1851

7. AGE — YEARS: 83 — MONTHS: 2 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): April 1934
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Peter Prough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Matilda Polon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Fred K luman, Youngstown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Park DATE: 6/28/34, 19

19. UNDERTAKER (ADDRESS): Davis & Wilson, Kirksville, Mo

20. FILED: June 28, 1934 Spencer Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27th, 1934

22. I HEREBY CERTIFY That I attended deceased from 5/6/33, 19..., to 6/27/34, 19..... I last saw h. alive on 6/27/34, 19..... Death is said to have occurred on the date stated above, at 4:0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza followed	
by bilateral Hypostatic	
Pneumonia	
11	

Other contributory causes of importance:
10 Cystitis of
11 Chronic Bronchitis

Name of operation: 0 — Date of
What test confirmed diagnosis? Clinical & Lab — 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) Geo. F. Russel, M. D.
(Address) Kirksville Mo.

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.