

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1007
Township Kan Primary Registration District No. _____
City K.C.Mo. (No. 122 N., Topping) St. _____ Ward _____

File No. 24927
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Clara Jane Giesler

(a) Residence, No. 122 N. Topping 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Val Giesler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1857		
7. AGE	YEARS	MONTHS
	76	9
		DAYS
		9
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
	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)..... **Ohio**
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME **John Wise**
14. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY)

MOTHER FATHER
15. MAIDEN NAME **Unknown**

MOTHER FATHER
16. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY)

17. INFORMANT **Chas. W. Moyer**
(ADDRESS) **122 N. Topping, K.C.Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Elmwood Cem.** DATE **July 31-34**

19. UNDERTAKER **C.H. Blackman & Son, Inc.**
(ADDRESS) **2825 Inden. Blvd. K.C.Mo.**

20. FILED **July 30, 1934 M. M. Crowe**
Regist. **act.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28-34**, 19

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 28, 1934
I last saw her alive on July 28, 1934 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

*Arricular Fibrillation.
Chronic Myocarditis with
Cardiac Hypertension.*
Date of onset May '34
Other contributory causes of importance: Pulmonary Edema. July '34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. A. Wilkinson, M. D.

(Address) 900 Professional Bldg. K.C., 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.

AUG 21 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2-5-