

SEP 3

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

Do not use this space.

29699

1. PLACE OF DEATH

County JasperRegistration District No. 408Township CarthagePrimary Registration District No. 3020City Carthage (No. 221, N Main)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME George Oymore Kester(a) Residence, No. 221 N Main St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nancy Kester6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 - 18837. AGE YEARS 71 MONTHS 4 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Blacksmith

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) Danville Ill13. NAME Elect Kester14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Pheba Evans16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT (ADDRESS) Milton Kester
Carthage Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery DATE 8-13 19 2419. UNDERTAKER (ADDRESS) Ulmer - whose
Carthage, Mo.20. FILED Aug 21st 19 24 S. B. Clifton, M.D.
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 19 2422. I HEREBY CERTIFY, That I attended deceased from Aug 10 19 24, to _____ 19 _____I last saw him alive on Aug 10 19 24. Death is saidto have occurred on the date stated above, at 8:40 P.M.

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

Heat insulation Date of onset 8/10/24

Other contributory causes of importance:

Diabetes mellitus
Hypertension
Myocarditis, chronicName of operation none 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 _____

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Ernest J. M. Gator M. D.(Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

