

OCT 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Macon

Osley

No. St. Ward

Registration District No.

Primary Registration District No.

530

5708

File No.

Registered No.

33367

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

Husband of Alice Kessinger

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

Mar. 13-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

73

9

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer

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)

Mo.

MOTHER

13. NAME

Jacob Kessinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kerry

15. MAIDEN NAME

Mary Crabtree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill.

17. INFORMANT

(ADDRESS)

Clarence Kessinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Laplata Sept 4, 1934

19. UNDERTAKER

(ADDRESS)

W. H. McCallister

20. FILED

Sept 27, 1934

Mrs. Lloyd Baker

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

Sept. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10 P.M.

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

Severe Paralysis.
Rare to Sepsis
Circulation was found on Bed
dead joints 3 1/2 at 8 1/2 death
at 10 P.M. Held Request

Other contributory causes of importance:

Name of operation

no

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? no 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)

W. H. Groch

, M. D.

(Address)

Elmer 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.

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

THE UNIVERSITY OF CHICAGO
LIBRARY
1100 EAST 58TH STREET
CHICAGO, ILL. 60637
U.S.A.