

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

Do not use this space.

MAR 28 1935

6473

1. PLACE OF DEATH

County Polaski Registration District No. 712
Township Liberty Primary Registration District No. 5941
City Swedesburg (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1935

6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Franklin Benjamin Kissinger
WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935, to Feb. 28, 1935
I last saw her alive on Feb. 28, 1935. Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 6

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

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. house work
10. Date deceased last worked at this occupation (month and year) Feb. 1935
11. Total time (years) spent in this occupation life

Other contributory causes of importance: Diabetes Mellitus
Date of onset Feb. 1933

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swedesburg Mo.

13. NAME She. Kassar

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

15. MAIDEN NAME Margaret Smith

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

17. INFORMANT (ADDRESS) Carroll Olander Swedesburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway Iron City Mo. Mar. 1, 1935

19. UNDERTAKER (ADDRESS) R. B. Teeples Richland Mo.

20. FILED March 1, 1935 Ernest A. Oliver Registrar.

Name of operation no Date of _____
What test confirmed diagnosis? hemistigmas 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? no
If so, specify _____
(Signed) E. Malbetta, M. D.
(Address) Cracker, 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 PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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