

SEP 19 1935

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

Do not use this space.

26103

1. PLACE OF DEATH

County Franklin

Registration District No. 297

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3016

Registered No. 77

City Washington (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

2. FULL NAME

Joyce Jean Kiekemeier

(a) Residence, No. 815 Roberts, Washington, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs.  mos. 8 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 Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to Aug 1, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25-1933

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:05 p.m.

7. AGE YEARS 2 MONTHS 3 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. None  
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 \_\_\_\_\_

Summer Diarrhea Date of onset 7-15-35

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

Other contributory causes of importance: Pneumonia Embolism 8-1-35

13. NAME Henry H. Kiekemeier

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Ridge Mo.

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Emma Schalk

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT H. Kiekemeier

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Interment in Union, Mo.

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

19. UNDERTAKER Nieburg & Son

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

20. FILED Aug 2-1935

(Address) Washington Mo.

Registrar

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.

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