

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

Do not use this space.

38434

JAN 13 1936

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Kirkville (No.       )

Registered No.        St. 225 (Ward)

2. FULL NAME Fred Filmore Kaser

(a) Residence, No. 301 E Wash, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1851

7. AGE YEARS 84 MONTHS 10 22 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture  
10. Date deceased last worked at this occupation (month and year) Dec. 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank County, Missouri

13. NAME Daniel Kaser

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

15. MAIDEN NAME Louise Bertschke

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

17. INFORMANT (ADDRESS) Fred. K. Kason, Kirkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbylyn DATE Dec 9 1935

19. UNDERTAKER (ADDRESS) Davis & Wilson, Kirkville, Mo.

20. FILED Dec 19, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11<sup>th</sup>, 1935, to Dec 6<sup>th</sup>, 1935. I last saw him alive on Dec 6<sup>th</sup>, 1935. Death is said to have occurred on the date stated above, at 12:15 a.m. The principal cause of death and related causes of importance were as follows:

Similarity - myocarditis, chronic arteriosclerosis

Other contributory causes of importance:

Name of operation        Date         
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       

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

(Signed) Geo. F. Sussard, M. D.  
(Address) Kirkville Mo.

WRITE PEANUT, 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.

