

DEC 18 1935

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

Do not use this space.

39135

## 1. PLACE OF DEATH

County Quinn  
Township Ind  
City Kennett, Mo. (No. \_\_\_\_\_)

Registration District No. 788  
Primary Registration District No. 4172

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

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. J. B. Kehler

(a) Residence, No. Kennett St. 1 Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17-1857

7. AGE YEARS 81 MONTHS 1 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) Ind13. NAME Jahn Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Nancy Moore (ADDRESS) Bozegg city Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Piqua Ohio DATE 12-11 193519. UNDERTAKER South End (ADDRESS) 15. 1st. mo.20. FILED 12-7- J. Kehler Davis Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 193522. I HEREBY CERTIFY, That I attended deceased from Dec 6 1935, to Dec 6 1935I last saw her alive on Dec 6 1935 Death is saidto have occurred on the date stated above, at 1:30 m.

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

Cerebral and  
poisoning

Date of onset

Other contributory causes of importance

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Dec 6, 1935Where did injury occur? Kennett Mo

(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) George J. Wilmore D.O.(Address) Kennett 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.

