

MAY 17 1930

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

Do not use this space.

19004

1. PLACE OF DEATH

County Dallas
Township Miller
City Blad (No. _____)

Registration District No. 246
Primary Registration District No. 5340

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. M. Kiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28-1898

7. AGE YEARS 43 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

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

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) Dallas Co Mo

13. NAME H. W. Starkey

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

15. MAIDEN NAME Julia Brown

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

17. INFORMANT Robt. Kiss (ADDRESS) Blad Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Hill DATE 5-30-30

19. UNDERTAKER F. B. Cove (ADDRESS) Buffalo Mo

20. FILED 5-31-30 1930 John S. Norton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1930

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to May 28, 1930.

I last saw her alive on May 28, 1930. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Subaral apoplexy Date of onset _____

Other contributory causes of importance: hypertension

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? _____ Date of injury _____, 1930

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) L. G. Hester, M. D.

(Address) Blad Mo

WRITE PLAINLY, 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.

TO: [Illegible] FROM: [Illegible] SUBJECT: [Illegible]

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