

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

Do not use this space.

40569

NOV 23 1936

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township St. Louis Primary Registration District No. 5777
 City Bertr (No. _____) St. _____ Ward _____

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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah H. Kesley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1843</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Merchant</u>	
	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) <u>Oct. 11, 1936</u> Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Gravel Hill Mo.</u>		
FATHER	13. NAME <u>Joseph C. Kesley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Gravel Hill Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth M. [unclear]</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger, Mo.</u>	
17. INFORMANT <u>A. E. Henth Jackson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kesley Cemetery</u> DATE <u>11-2</u> , 19 <u>36</u>		
19. UNDERTAKER <u>Cremery - Allen Jackson, Mo.</u>		
20. FILED <u>11-3</u> , 19 <u>36</u> <u>D. B. Seiber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1936, to 10-31, 1936
 I last saw him alive on 10-31, 1936 Death is said to have occurred on the date stated above, at 11: A. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Acute Rheumatic Fever

Other contributory causes of importance:
Acute Hemorrhagic Nephritis (E. Retention)
Myocarditis

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 _____, 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) Albert M. Estey, M. D.
 (Address) Graham, 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.

