APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 8 — File No. 11256
Township — Primary Registration District No. 1001 — Registered No. 367
City St. Joseph (No. Mo Metho Hospital St. Ward)

2. FULL NAME Cleo. Kier. Jr.
(a) Residence, No. St., Ward. Gentry Mo RFD
(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. 1 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1920
7. AGE YEARS 16 MONTHS 6 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Fathers Farm
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) 3-20-37
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John. Dote Kier.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Mo

MOTHER
15. MAIDEN NAME Emma Osborn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Mo

17. INFORMANT (ADDRESS) Mrs J. D. Kier Gentry Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE 3-23 1937 Albany Mo
19. UNDERTAKER (ADDRESS) Clifford Brooks Albany Mo.
20. FILED 3/21 1937 H. J. Nettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11.50 AM 3-21, 1937, to 1 PM. 3-21, 1937
I last saw him alive on March 21, 1937 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Gun Shot wound. — Date of onset
Other contributory causes of importance: 184

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? Accident Date of injury 3-21, 1937
Where did injury occur? 1/2 mile East of Gentry Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Grand River Bridge
Manner of injury Shot gun fell from hands & exploded
Nature of injury Penetrated abdomen left upper yard and

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. H. Ryan, M. D.
(Address) St Joseph 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.

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