

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

Do not use this space.

MAY 31 1937

17193

1. PLACE OF DEATH

17 County Bermyre Registration District No. 660
 2 Townshp. Bermyre Primary Registration District No. 4396
 6 City Bermyre (No. _____ St. _____ Ward _____)

2. FULL NAME

Joseph Kiefer
 (a) Residence, No. Bermyre 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Bohart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
 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) Bermy County, Mo.

FATHER 13. NAME Christian Kiefer

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

MOTHER 15. MAIDEN NAME Mary Ann Wucher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermy County, Mo.

17. INFORMANT (ADDRESS) Mr. Carl Kiefer
Mc Bride, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bonifacio Cemetery DATE May 4, 1937

19. UNDERTAKER (ADDRESS) Ray General Home
Bermyre, Mo.

20. FILED May 4, 1937 Jos. J. Zollner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 15, 1937 to May 2, 1937
 I first saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 3:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Uremia
 Other contributory causes of importance:
Cancer of bladder
Chronic Nephritis

Date of onset
3 days

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?
 If so, specify _____
 (Signed) Clara Carson M. D.
 (Address) Bermyre, Mo.

COPIES OF DEATHS IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

