

NOV 23 1937

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

Do not use this space.

38704

1. PLACE OF DEATH

County St. Francois
Township Liberty
City (No. 2)

Registration District No. 1115
Primary Registration District No. 6021

File No.
Registered No. 17 St. Ward

2. FULL NAME Bert William Kausdale

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Anna Kausdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1868

7. AGE YEARS 69 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.

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

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) Cape Girardeau, Missouri

13. NAME Benjamin Kausdale

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

15. MAIDEN NAME Louise Kenson

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

17. INFORMANT Mary Anna Kausdale (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredricktown DATE Oct 22 1937

19. UNDERTAKER Ed. H. Webb (ADDRESS) Fredricktown Mo

20. FILED 10/22 1937 F. S. A. Rydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Oct 20 1937

I last saw him alive on Oct 20, 19... Death is said to have occurred on the date stated above, at 4:40 A.M.

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

Apoplexy
Date of onset

Other contributory causes of importance:

arterio sclerosis, Chronic nephritis

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) W. Harry Barton M. D.

(Address) Fredricktown

no

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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