DEC 14 1937

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

Do not use this space.

40612

1. PLACE OF DEATH
County Bates
Township ~~West Boone~~
City Merwin
Registration District No. 52
Primary Registration District No. 40131
File No.
Registered No. 7
(No. , St. Ward)

2. FULL NAME Jennie S. Kessler
(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 F.
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 Thomas Kessler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1869
7. AGE YEARS 68 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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) Owensville Ky.

FATHER
13. NAME Jasper Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ky.

MOTHER
15. MAIDEN NAME Mariah Craig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Thomas Kessler Merwin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon DATE 11-14 1937
19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo
20. FILED 11-22 1937 Mrs. Will Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937, to Nov. 13, 1937
I last saw her alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Sent symptoms Date of onset 1934.
Carcinoma of Uterus

Other contributory causes of importance:

Name of operation None 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) Basil O. Hartwell, M. D.
(Address) Drexel, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.