

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 980²
Township Exps. Primary Registration District No. 3122¹
City (No. _____) St. _____ Ward _____

File No. 44874
Registered No. _____

2. FULL NAME Charlotta Kiser

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus Kiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Wayne Co., Mo. 1

13. NAME Joe Rhodes 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

15. MAIDEN NAME Unknown

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

17. INFORMANT Greer Kiser

(ADDRESS) Peplar Bluff

18. BURIAL CREMATION OR REMOVAL PLACE Lebanon Com. Wayne County DATE Dec. 4, 1937

19. UNDERTAKER Greer Funeral Serr.

(ADDRESS) Peplar Bluff, Mo.
12/5 1937 M. D. Caldwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937, to Dec. 3, 1937.

I last saw him alive on Nov. 28, 1937. Death is said

to have occurred on the date stated above, at 2:55 a.m.

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

Natural Heart Disease Date of onset 1932

Other contributory causes of importance:

Chronic nephritis 1932

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

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? _____

If so, specify _____

(Signed) R. B. Turner, M. D.

(Address) Keelyville, 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.

