REC'D MAR 15 1938

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

Do not use this space.

2

1. PLACE OF DEATH
County Cape
Township Cape
City Cape Girardeau, Mo. (No. 1022 JEFFERSON ST. St. Ward)

Registration District No. 125
Primary Registration District No. 3009

File No. 6330
Registered No. 69

2. FULL NAME Anna Myrtle Kistner 235
(a) Residence, No. 1022 Jefferson Ave. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amon Kistner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV, 14th 1897.

7. AGE: YEARS 40. MONTHS 3. DAYS 10. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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): Millersville, Missouri 0

FATHER
13. NAME: Joeseph Seabaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgwickville, Missouri 0

MOTHER
15. MAIDEN NAME: Minnie Haupt 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville, Missouri.

17. INFORMANT (ADDRESS): Mr. Amon Kistner, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Hghts Cem. Jackson, Mo. DATE Feb. 25, 1938

19. UNDERTAKER (ADDRESS): Haman's Funeral Home, Cape Girardeau, mo.

20. FILED 2-24 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 24, 1938. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1938, to 2/24, 1938
I last saw her alive on 2/24, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
22 a

Date of onset

Other contributory causes of importance:
Had Measles about 1 week before death

Name of operation: None Date of
What test confirmed diagnosis? Lab 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 of deceased?
If so, specify
(Signed) O. L. Seabaugh, M. D.
(Address) Cape Girardeau 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.

Dr O K Seavaugh