

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.

REC'D SEP 13 1938

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

Do not use this space.

27861

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 002  
City Kan City (No. 290 West 9-) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3172

2. FULL NAME

John S. Keiser 260  
(a) Residence, No. 400 West 9th 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Keiser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 - 1869</u>		
7. AGE <u>69</u>	YEARS <u>5</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Roof Paper</u>
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) <u>Virginia</u>		
MOTHER	13. NAME <u>Andrew J. Keiser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Elija Stisher</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	17. INFORMANT (ADDRESS) <u>James H. Keiser</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Hope, N.C. 8/10 38</u>		
19. UNDERTAKER (ADDRESS) <u>Bigman Funeral Home</u>		
20. FILED <u>Aug 9, 1938 M. M. Browne</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-38 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him alive \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred in the date stated above, at 10:00 A.M.

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

Other contributory causes of importance: 191

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? U  
Yes, specify \_\_\_\_\_  
(Signed) Walter H. Hunter, M. D.  
(Address) St. Hope, N.C. Mo

