

REC'D FEB 16 1939

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

Do not use this space.

2791

1. PLACE OF DEATH

County Knox
Township Judd
City Judd (No. _____ St. _____ Ward _____)

Registration District No. 444
Primary Registration District No. 5604

File No. _____
Registered No. 2

2. FULL NAME

511 Elmer Gene 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. 4 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ — ✓ 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Judd Twp
(STATE OR COUNTRY) Knox Co, Mo

FATHER 13. NAME Lester Ellsworth Kessler

14. BIRTHPLACE (CITY OR TOWN) Troy Ohio
(STATE OR COUNTRY) _____

MOTHER 15. MARRIED NAME Maie M^c Cabe

16. BIRTHPLACE (CITY OR TOWN) Calony Twp
(STATE OR COUNTRY) Knox Co Mo

17. INFORMANT Lester Ellsworth Kessler
(ADDRESS) Knox City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City Mo DATE Jan 31 1939

19. UNDERTAKER Lester Ellsworth Kessler
(ADDRESS) Knox City Mo

20. FILED Jan 31 1939 J. R. Northcutt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 25 1939 to Jan 30 1939

I last saw him alive on Jan 28 1939. Death is said to have occurred on the date stated above, at 4 a.m.

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

Premature birth

Date of onset
1-25-39

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) J. R. Northcutt M. D.

(Address) Knox City, 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.

