

RECORDED JUL 24 1939

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

Do not use this space.

23404

1. PLACE OF DEATH

Kelso Mo.
County *Scott County*
Township *Kelso*
City *Kelso Mo.* (No. *6065A*)

Registration District No. *1151*

Primary Registration District No. *1588*

File No. *10*

Registered No. *10*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *265*

(Usual place of abode)

Anna Heisserer
Kelso, Mo.

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *72* 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

John Heisserer

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

April 21-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

2

22

OCCUPATION

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

Housework

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)

Kelso Mo.

FATHER

13. NAME

Fredrick Huestall

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

Germany

MOTHER

15. MAIDEN NAME

Mary Rauscher

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

Germany

17. INFORMANT (ADDRESS)

John Heisserer
Kelso Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Kelso Mo.

DATE *2/15/89*

19. UNDERTAKER (ADDRESS)

Bartholomew
Chapman

20. FILED

July 20, 1939

Paul Pray

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/13/39

19

22. I HEREBY CERTIFY, That I attended deceased from

2/14/38, 19____, to *11/13/38*, 19____

I last saw her alive on *11/13/38*, 19____. Death is said

to have occurred on the date stated above, at *2 Pm.*

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

Date of onset

myocarditis
92d

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation *none* Date of _____

What test confirmed diagnosis? *none* 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 *none(?)*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

E. Lee
Kelso Mo.

M. D.

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 L. L. L.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/21/89

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