

REC'D SEP 15 1939

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

Do not use this space.

28877

1. PLACE OF DEATH  
 23 County Clark Registration District No. 190  
 Township Jackson Primary Registration District No. 5274  
 City St. Patrick (No. 1) St. 11 Ward 11

2. FULL NAME Son of Mr & Mrs Joseph Kiechler  
 (a) Residence, No. St. Patrick Mo 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 M 4. COLOR OR RACE W 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) Aug 22 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, <u>10</u> hrs. or <u>10</u> min.
<u>—</u>	<u>—</u>	<u>—</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Clark Co Mo

13. NAME Joseph C. Kiechler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

15. MAIDEN NAME Mellie G. Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

17. INFORMANT Joseph Kiechler  
(ADDRESS) St. Patrick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patrick Mo DATE Aug 24 1939

19. UNDERTAKER Robert P. Suggs  
(ADDRESS) St. Patrick Mo

20. FILED Aug 24 1939 J.R. Bridger  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1939 to Aug 23 1939  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Asphyxia  
 Date of onset Aug 23/39

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) New Harris, M. D.  
 1774 (Address) Clinton 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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1060

Date Filed SEP 8 1939