

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

Do not use this space.

OCT 15 1939

1. PLACE OF DEATH
 21 County Chariton Registration District No. 169 File No. 32148
 Township Brunswick Primary Registration District No. 5235 Registered No. 35
 City Brunswick (No. _____) St. _____ Ward _____

2. FULL NAME Edward Rudolph Kaiser
 (a) Residence, No. _____ 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) Brunswick Mo.

MOTHER
 13. NAME George Kaiser
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 15. MAIDEN NAME Otilia Kaiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Otto Kaiser
Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE Sept 20, 1939

19. UNDERTAKER (ADDRESS) L. W. Bersel
Brunswick Mo.

20. FILED 9/19 1939 Warry E. Latimer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 13, 1939.
 I last saw him alive on Sept 13, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis (1937)
Heart hypertrophied
 121
 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? No
 If so, specify _____
 (Signed) J. K. Fisher M.D.
 (Address) Brunswick Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
LIBRARY RESEARCH CENTER No. 8
District File Number
Date Filed 10/22/39