

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.

OCT 24 1927

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

Do not use this space.

26579

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85 File No.
Towship..... Primary Registration District No. 1001 Registered No. 982
City..... St. Joseph. (No. Noyes Hospital) St. Ward)

2. FULL NAME

Jacob W. Kessler
(a) Residence, No. St., Ward. Buchanan Co., Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 4, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>2</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fidel Kessler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co., Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Zug

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lewis Krull
(Address) Gosby, Mo.

15. John E. [Signature]
REGISTRAR

SEP 25 1927
FILED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/24/27 to 9/24/27, 1927, that I last saw him alive on 9/24/27, 1927, and that death occurred, on the date stated above, at 3:10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

CONTRIBUTORY (SECONDARY) Hypertrophic Prostate
(duration) 10 yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED 1925 (duration) yrs. mos. da.

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Chas Greenberg, M. D.

Apr. 24, 1927 (Address) P. O. Bldg St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL CREMATION, OR REMOVAL Memorial Park Cemetery DATE OF BURIAL Sept, 26, 1927

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

