

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26633

1. PLACE OF DEATH
 County Cape Gir. Registration District No. 124
 Township Burd. Primary Registration District No. 4070
 City Jackson. (No. St. Ward)

2. FULL NAME Alvina Kester
 (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 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2. 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 Johann Kester

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 | 6 | 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1928

17. I HEREBY CERTIFY, That I attended deceased from July 6 1928 to Aug 3 1928 that I last saw her alive on July 17 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stroke

16 1/2 yrs. mos. da.
run

CONTRIBUTORY (SECONDARY).....
 (duration)..... yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Gottlieb Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Sophia Miller

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
 (Signed) D. G. Huber M. D.
8-4 1928 (Address) Jackson Ave

*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.

14. INFORMANT Anna Kunchen
 (Address) Jackson Ave

15. FILED 8-4-28 D. G. Huber
 19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russell Heights DATE OF BURIAL Aug 4 1928

20. UNDERTAKER J. W. McCormick ADDRESS Jackson

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.

