

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

Do not use this space.

13861

PLACE OF DEATH

County Buchanan
Township Marion
City Four Miles N.E. SanAntone (No.)

Registration District No. 82
Primary Registration District No. 5723

File No. 4
Registered No. 4
St. Ward

2. FULL NAME Flora Kessler

(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 68 yrs. 8 mos. 25 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) Widow

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

Joseph Kessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 5, 1860.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	8	25	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER George Jung

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

12. MAIDEN NAME OF MOTHER Rosina Brosei.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg,
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Henry Kessler
(Address) San Antone

15. FILED 5/10, 1929 Dist. Registrar M D
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929 to May 29, 1929 and that I last saw her alive on May 29, 1929 and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
1:30 (duration) yrs. mos. ds.
CONTRIBUTORY Ulcer of Stomach
(SECONDARY) (duration) 2 yrs. mos. ds.

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? Clinical
(Signed) Dr. G. L. Allen M. D.
5/1, 1929 (Address) Cosby 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 Hurlinger Cemetery DATE OF BURIAL May 3 1929.

20. UNDERTAKER J. C. Hidenfaden ADDRESS St. Joseph, MO.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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