

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

Do not use this space.

30075
9

File No. _____
Registered No. 9
St. _____ Ward _____

PLACE OF DEATH

County Buchanan
Township Marion
City _____

Registration District No. 82
Primary Registration District No. 5773
(No. 4 Miles No.E.of San Antoine)

2. FULL NAME Daniel Kessler

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 73 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 Emma Kessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 4 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer, Retired 10 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Fidel Kessler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.
12. MAIDEN NAME OF MOTHER Anna Zug
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Emma Kessler
(Address) Easton, Mo.

15. FILED 10/10 1929 W.P. Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1929, to Sept. 10, 1929, that I last saw him alive on Sept. 9, 1929, and that death occurred, on the date stated above, at 7:35 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ 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) C. P. Allen, M. D.

Sept. 11, 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 Ashland Cemetery DATE OF BURIAL Sept. 12, 1929

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

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.

