

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 358
Township Henry Primary Registration District No. 5502
City Henry (No.) St. Ward

File No. 12661

Registered No. 3

2. FULL NAME Wilson S Kistler

(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) widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 | 0 | 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Apr 30 1934
I last saw him alive on Apr 29 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Inanition

Date of onset

3 weeks

162 / 62

Other contributory causes of importance:
senile Insanity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elliptsburg Penn.

13. NAME Abram Kistler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elliptsburg Penn.

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) W S Kistler

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/2 34

19. UNDERTAKER (ADDRESS) Spare & Son

20. FILED May 2 1934 E. G. Hibbs Registrar.

Name of operation Date of
What test confirmed diagnosis? Chinient Was there an autopsy? no

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. Beatty M. D.
(Address) Chilhowe's 406

Beatty

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.

MISSOURI STATE BOARD OF HEALTH

Handwritten text, possibly a signature or name, oriented vertically on the right side of the page.