

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

Do not use this space.

REC'D APR 24 1939

10943

1. PLACE OF DEATH

42 County HENRY
 4 Township CLINTON
 2 City CLINTON (No. _____ St. _____ Ward _____)

Registration District No. 347
 Primary Registration District No. 3018

File No. _____
 Registered No. _____

2. FULL NAME George H. Kessler

(a) Residence, No. 610 EAST JEFFERSON ST. Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

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.

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 Winifred H. Kessler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rural

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ballerin (STATE OR COUNTRY) Missouri

FATHER 13. NAME John F. Kessler

FATHER 14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME MARY DONFES

MOTHER 16. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Winifred Kessler (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE April 10, 1939

19. UNDERTAKER CONSALUST PECK (ADDRESS) Clinton, Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-23-39 to 4-7-39

I last saw him alive on 4-7-39, 1939 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Bronchial asthma
myocarditis
hypertension

Date of onset _____

Other contributory causes of importance: 121

Name of operation apoplexy Date of 4-2-39

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) Joseph B. Peck, M. D.

(Address) Clinton, 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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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

10943
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Primary Registration District No. 3018 Registered No.
 (c) City Clinton (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George H. Kessler
 (a) Residence, No. 610 E Jefferson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. rural mail

10. Date deceased last worked at this occupation (month and year) Carroll (Specify time (years) spent in this occupation)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23 to 4-7, 1937
 I last saw him alive on 4-7, 1937 Death is said to have occurred on the date stated above, at 4:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial asthma
myocarditis
appendicitis

Date of onset

Other contributory causes of importance:

Name of operation appendectomy Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify Joseph B O'Neil, M. D.
 (Signed) Clinton
 (Address) Clinton

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballurn MO

FATHER
 13. NAME John F Kessler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Mary Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

17. INFORMANT (ADDRESS) Mrs Winifred Kessler Clinton MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE Apr 10 1937

19. FUNERAL DIRECTOR (ADDRESS) Consalus Peck Clinton MO

20. FILED 5-6 1937 J. R. Hamilton Local Registrar

REGISTRATION 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.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAY - 3 1939