

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

Do not use this space
8981

1. PLACE OF DEATH

County Cooper
Township Saline
City Woodbridge Mo (No. _____)

Registration District No. 225
Primary Registration District No. 4138

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

2. FULL NAME William Kaiser

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 1869

7. AGE YEARS 64 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

13. NAME Herman Kaiser Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Georgia Kaiser

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopp Cem near Woodbridge Mo DATE Mar 14 1933

19. UNDERTAKER (ADDRESS) Goodman & Bolles

20. FILED Mar 14 1933 W. C. Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1933

I HEREBY CERTIFY, That I attended deceased from _____ 1933 Mar 12 1933
I last saw him alive on Mar 11 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Chronic Valvular Disease Date of onset _____

of heart _____

Other contributory causes of importance: _____

Drunk Whiskey _____

to excess _____

Name of operation _____ Date of _____

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

22. 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 _____

23. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. K. Murchison, M. D.

(Address) Prattville 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.

APR 24 1933

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MARGIN RESERVED FOR BINDING

