

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

Do not use this space.

1. PLACE OF DEATH

County Coole
Township Clark
City 635

Registration District No. 212
Primary Registration District No. 5292

File No. 43163
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Engine No. R.F.D. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14-1856

7. AGE YEARS 83 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Marion, Mo. (STATE OR COUNTRY) 0

13. NAME Dr. Thomas Gregory 9

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) 0

15. MAIDEN NAME Jane E. Shaw

16. BIRTHPLACE (CITY OR TOWN) Coole Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Wm. W. H. Leach (ADDRESS) Engine No.

18. BURIAL, CREMATION, OR REMOVAL
PLACE California, Mo. DATE Dec. 4, 1939

19. UNDERTAKER Thorp Gordon (ADDRESS) Jefferson City Mo.

20. FILED Dec. 5, 1939 Mrs. F. R. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Dec 3, 1939.
I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: 87 W

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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? No
If so, specify _____

(Signed) Geo. H. Shurley, M. D.
1939 (Address) Engine No.

