

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH,

Registration District No. 35
Primary Registration District No. 1001
(No. ST. JOSEPH HOSPITAL)

File No. 40751
Registered No. 1308
St. _____ Ward _____

2. FULL NAME

ROSE KESSLER

(a) Residence, No. CLARKSDALE, MO St., _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 WILLIAM KESSLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 12, 1876

7. AGE YEARS 61 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation. UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK / Holmes County OHIO

FATHER 13. NAME UHLRICH OPLIGER,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN SWITZERLAND

MOTHER 15. MAIDEN NAME KATHERINE HAYNE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

17. INFORMANT WILLIAM KESSLER, (ADDRESS) CLARKSDALE, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE BOWEN CEMETERY DATE DEC. 1, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 11-30 1937 H. J. Nestlehusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 29, 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1937 to Nov. 29 1937

I last saw h. ER. alive on Nov. 29 1937. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Acute Suppurative Otitis Media Date of onset Nov 1

Other contributory causes of importance: Chronic Otititis
Chronic Otitis
Acute suppurative otitis media
Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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) H. J. Nestlehusch, M. D.
(Address) St. Joseph, Mo.

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.

