

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 23 1938

1. PLACE OF DEATH
 County Moniteau Registration District No. 671
 Township walker Primary Registration District No. 5769
 City (No.) St. Ward

2. FULL NAME Elizabeth Magdalena Kiesling
 (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)

36320

File No.
 Registered No. 60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1971

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper own 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) (STATE OR COUNTRY) Moniteau Co., Missouri

13. NAME Erhardt Roedel

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

15. MAIDEN NAME Caroline Wuri

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri

17. INFORMANT Wesley Kiesling (ADDRESS) California Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Moniteau Cem. DATE Oct. 29 1938

19. UNDERTAKER J. W. Wilson & Sons (ADDRESS) California Mo

20. FILED 10-28-1938 A. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1938 to Oct 26 38
 I last saw her alive on Oct 26 38. Death is said to have occurred on the date stated above, at 2:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon, near liver (Cause unknown)
 Date of onset

Other contributory causes of importance: 46

Name of operation None Date of
 What test confirmed diagnosis? Physical examination 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) L. D. Latham, M. D.
 504 (Address) California Mo

