

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

Do not use this space.

41610

1. PLACE OF DEATH

County Monroe Registration District No. 571
Township Kaester Primary Registration District No. 5769
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 57

2. FULL NAME

Anna Elizabeth Kaiser
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 2

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

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) Ohio

13. NAME Charley Meyer

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

15. MAIDEN NAME Marie Filler

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

17. INFORMANT (ADDRESS) John Kaiser California mo

18. BURIAL, CREMATION OR REMOVAL PLACE Old Salem Cem DATE 12/19 1931

19. UNDERTAKER (ADDRESS) Wilhaus & Fred Meyer California mo

20. FILED 12-16-1931 Geo. W. Raich Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-5-1931, to 12-15-1931

I last saw her alive on 12-15-1931. Death is said to have occurred on the date stated above, at 10 P. m.

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

Arteriosclerosis
92A 92A
97
Other contributory causes of importance:
Arteriosclerosis
Arteriosclerosis

Name of operation _____ 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? no

If so, specify (Signed) J. R. Pophog M. D.
(Address) California 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. PHYSICIAN 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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