

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

Do not use this space.

1. PLACE OF DEATH

35-125-1

35-125-17

County Stone  
Township Ponce de Leon  
City..... (No.....).....

Registration District No. 844  
Primary Registration District No. 6107

File No.....  
Registered No. 4  
St..... Ward.....

2. FULL NAME

Charles Siesser

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to X....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1854

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Old man after stroke

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 1 18

18 Acute Indigestion  
(duration)..... yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) HWC  
(duration)..... yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no

10. NAME OF FATHER George Siesser

Did an operation precede death? no DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) J. H. C., M. D.  
, 19 (address) Stone Mo

12. MAIDEN NAME OF MOTHER unknown

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ponce de Leon Cemetery DATE OF BURIAL 10-8-1930

14. INFORMANT W. O. Siesser  
(Address) Rt 2, Calera

15. FILED 10-8-1930 Ola Magers REGISTRAR

20. UNDERTAKER Mrs. Ben Stultz ADDRESS Reeds Spring, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death.

FILED 10-8-1930

