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

Do not use this space.

30874

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 4249 — Registered No. 87
City Festus (No. ..... St. ..... Ward)

2. FULL NAME Catherine Duester.
(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 40 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

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: Jacob Duester

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 29 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	10	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 93C 1108
(c) Name of employer: Self. 106

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS
10. NAME OF FATHER: Jacob Burckhardt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: M. Schafer.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Fred Burkhardt. (Address) Festus Mo.

15. FILED 9/20 1928 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 19th, 1928 that I last saw her alive on Sept 19, 1928, and that death occurred, on the date stated above, at 7 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9 0 B
Unknown (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Acute Pleurisy & Acute Bronchitis
(duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. H. Drummond, M. D.
Sept 21, 1928 (Address) Crystal City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Festus Mo. — DATE OF BURIAL: Sept 22 1928

20. UNDERTAKER: Duester & Vinyard — ADDRESS: Festus 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.

76-9-20

1928