

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

Do not use this space.

15351

020

PLACE OF DEATH
 County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3029
 City Hannibal (No. 2425 Chestnut St) St. 6th Ward 6
 File No. _____
 Registered No. 9946
 St. _____ Ward _____

2. FULL NAME Edward J. Kattenbach
 (a) Residence. No. 2425 Chestnut St. 6th Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Kattenbach
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28th, 1861
7. AGE YEARS 68 MONTHS 4 DAYS 22 IF LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Contractor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-15-1929
17. I HEREBY CERTIFY, That I attended deceased from 3-24-1929 to 4-15-1929 and that I last saw him alive on 4-15-1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
Thromboplegia left side
 (duration) yrs. mos. 27 da.
CONTRIBUTORY (SECONDARY) General arteriosclerosis
 (duration) unknown da.

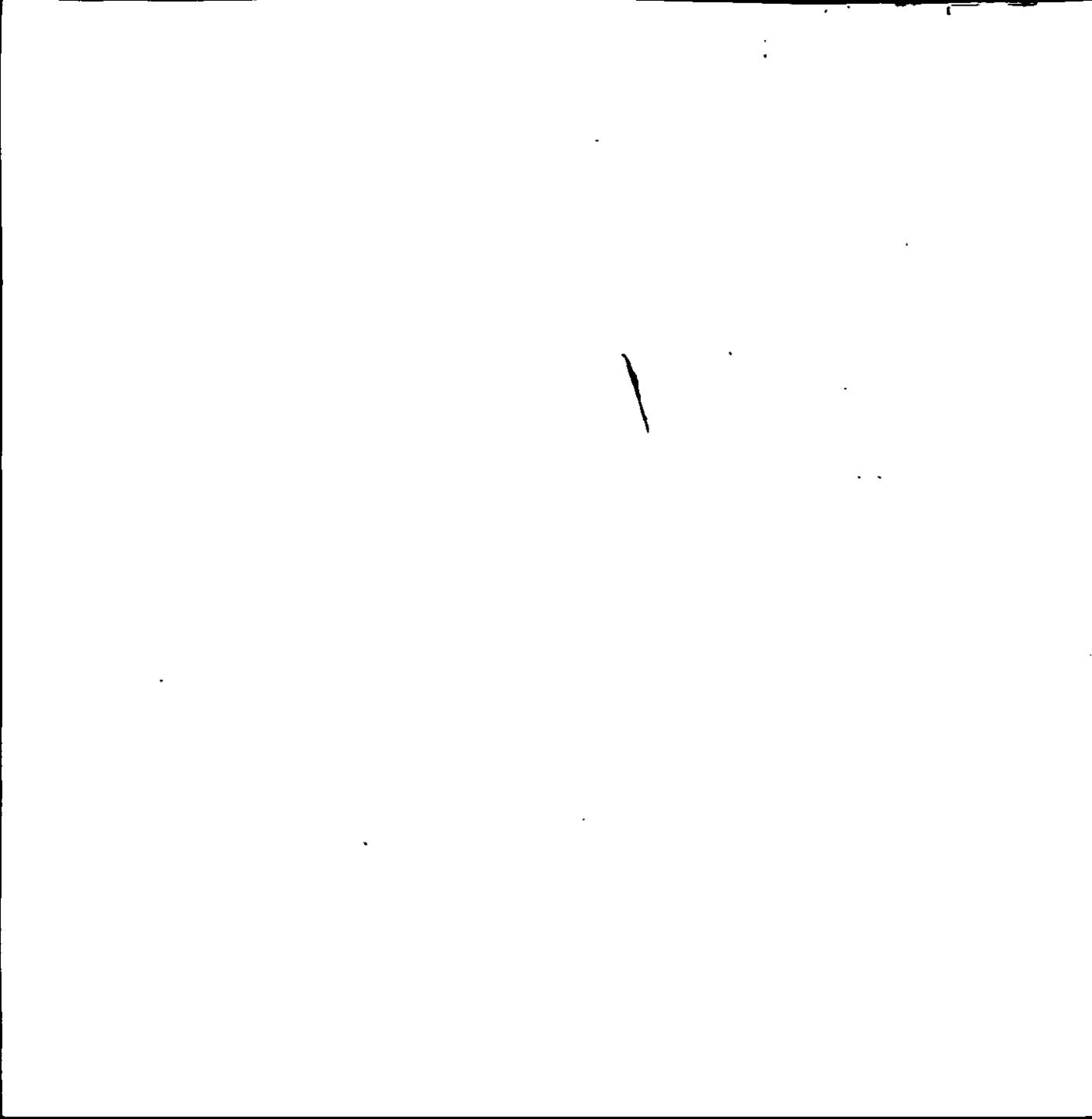
18. WHERE WAS DISEASE CONTRACTED? at home
 IF NOT AT PLACE OF DEATH: _____
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) J. J. Burns, M. D.
4/15, 1929 (Address) Hannibal 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.

9. BIRTHPLACE (CITY OR TOWN) Quincy Ill. (STATE OR COUNTRY) _____
10. NAME OF FATHER Alice
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quincy (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Anna Suter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Mrs Edward J. Kattenbach
 (Address) 2425 Chestnut St. Hannibal, Mo.
15. FILED 4/17, 1929 C. B. Stode REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem. **DATE OF BURIAL** 4-18-1929
20. UNDERTAKER James O'Connell **ADDRESS** Hannibal Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township _____ Primary Registration District No. 2029 Registered No. 99
 City Hannibal (No. _____) St. _____ Ward _____

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 23 - 1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>5</u>	<u>5</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

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

PARENTS	10. NAME OF FATHER
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address).....

15. FILED 4/17, 19 66 Stode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 - 19
 17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*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	DATE OF BURIAL
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

Rev. J. J. Bourn,

1929

#15351