

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

Do not use this space.

32769

1. PLACE OF DEATH

County Vernon
Township Monticello
City Monticello (No.) St. Ward)

Registration District No. 873
Primary Registration District No. 6157

File No.
Registered No.

2. FULL NAME

Hester Eva Kokendoffer

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

W.S. Kokendoffer

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

Oct. 7, 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
57	4	9	

8. OCCUPATION OF DECEASED

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

(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)

New New London
Rolls Co. Mo.

10. NAME OF FATHER

Andrew J. Watson

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

Chariton Co. Mo.

12. MAIDEN NAME OF MOTHER

Caroline Mc Grew

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

Rolls Co. Mo.

14. INFORMANT

Sola May
Monticello Mo.

15. FILED

Sept 18, 1929 M. J. Mullogh
REGISTRAR

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

9/15 1929

17.

HEREBY CERTIFY, That I attended deceased from Sept 12, 1929 to Sept 15, 1929 that I last saw her alive on Sept 17, 1929, and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

breast cancer
50

47 (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? DATE OF

no May 15 1928

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Arthur H. Williams, M.D.

9/15, 1929 (Address) Sheldon 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

Vernal Cemetery

DATE OF BURIAL

9/17 1929

20. UNDERTAKER

G. B. Beany & Sons

ADDRESS

Sheldon Mo.

Exact statement of OCCUPATION is very important.

so that it may be properly classified.

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PARENTS

