

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

Do not use this space.

1520

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Festus mo Primary Registration District No. 4249
 City Festus mo (No.) St. Ward)

2. FULL NAME

Mary Isabelle Kilby
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 17

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) Monroe City see 7

13. NAME Conrad Keller

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

15. MAIDEN NAME Anderson

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

17. INFORMANT (ADDRESS) Burgess Dorlac
Festus mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 1/32 1932

19. UNDERTAKER (ADDRESS) Link Dryd Co
Festus mo

20. FILED 1/23 1932 J. E. Rutledge
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932, to Jan 22, 1932
 last saw her alive on Jan 22, 1932 Death is said to have occurred on the date stated above, at 3:00 p. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
93D 9310
107A 1310
 Other contributory causes of importance:
Broncho Pneumonia
 Date of onset 1/18/32

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 ①
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) J. E. Rutledge, M. D.
 (Address) Festus 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

45-1932

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