

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.

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

Do not use this space.

5608

1. PLACE OF DEATH

76 County Dease Registration District No. 642
Township Washington Primary Registration District No. 5851
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME

Katherine Kemmen
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Westphalia Mo.

13. NAME John Brestler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Ill.

15. MAIDEN NAME Meyer

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

17. INFORMANT (ADDRESS) Ralph Kemmen Rolla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Westphalia Mo. 2-7-32

19. UNDERTAKER (ADDRESS) Chas. P. Heinrichs J.C. Mo.

20. FILED July 10 1932 May L. Plam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from

1830 to 1932, 1932

I last saw her alive on Feb. 2, 1932. Death is said

to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

Ins. conditio Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. C. Plam, M. D.

(Address) _____

