

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

Do not use this space.

36567

1. PLACE OF DEATH

74 County Nodaway Registration District No. 625
 9 Township Salts Primary Registration District No. 3031
 7 City Maizeville (No. St. Francis Hosp) St. _____ Ward _____

File No. _____
 Registered No. 106
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Conception, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1965
 7. AGE YEARS 67 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Jefferson County (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Anton Ketterer

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

15. MAIDEN NAME Catherine Weiss

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

17. INFORMANT John Ketterer (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception DATE 11-22 1932

19. UNDERTAKER Commune Fun Co (ADDRESS) Maizeville Mo

20. FILED 11-21 1932 Merrell & Clark Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct-14, 1932, to Nov 21, 1932

I last saw him alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

91A
31
Acute Endocarditis Date of onset Nov 10
91A
 Other contributory causes of importance:
Staphylococcal infection of arm

Name of operation incision & drainage Date of Oct 9

What test confirmed diagnosis? Smear & Lab 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 Oct 9, 1932

Where did injury occur? Conception, Nodaway Co (Specify city or town, county, and State) mo

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? _____

If so, specify _____

(Signed) C. V. Martin, M. D.

(Address) Maizeville, 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.

JAN 9 1932

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