

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.

JUN 22 1933

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

Do not use this space.
NONE
16197

1. PLACE OF DEATH
 36 County Franklin Registration District No. 295
 Township Sullivan Primary Registration District No. 4129
 City Sullivan (No. _____) St. _____ Ward _____
 2. FULL NAME Auguste Ketterer
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 72 yrs. 0 mos. 0 ds.

File No. 1
 Registered No. 7

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 Joe E. Ketterer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 1 13
 OCCUPATION
 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) Germany
 FATHER
 13. NAME Ferdinand Benning
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Hellen Haman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Dr. & Mrs. F. H. Otto Sullivan, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 15, 1933
 19. UNDERTAKER (ADDRESS) Geo. P. Shaffer Sullivan, Mo
 20. FILED May 18, 1933 Jas. P. Dunningan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933
 22. I HEREBY CERTIFY That I attended deceased from May 5, 1933, to May 12, 1933
 I last saw her alive on May 5, 1933. Death is said to have occurred on the date stated above, at 5:25 p. m.
 The principal cause of death and related causes of importance were as follows:
arterio-sclerosis - 1928
99
99
 Other contributory causes of importance:
fracture of right humerus 1933
popliteal artery May 2
 Name of operation Cholec Date of _____
 What test confirmed diagnosis? Cholec 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 _____, 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Chtractoi, M. D.
 (Address) Sullivan, Mo

