

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.

18880

10

1. PLACE OF DEATH

9

County

Township

City

(No.

Registration District No.

Primary Registration District No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

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

Nathan L. Cato

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

Oct. 28 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

77

7

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

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)

1931

11. Total time (years) spent in this occupation

60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME

Walter Kinder

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

Don't Know

MOTHER

15. MAIDEN NAME

Don't Know

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

Don't Know

17. INFORMANT (ADDRESS)

Otto Cato

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cato Cemetery

DATE

June 26 1933

19. UNDERTAKER (ADDRESS)

Robert H. Hark

20. FILED

6-26

1933

A. T. Kirkpatrick

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 21 1933

22. I HEREBY CERTIFY That I attended deceased from March 1932 to June 20 1933

I last saw her alive on June 1933. Death is said to have occurred on the date stated above, at 12:20 p. m.

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

92A
Organic Valvular Stenosis

Other contributory causes of importance:

92A

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

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?

If so, specify

(Signed)

A. T. Kirkpatrick, M. D.

(Address)

Jefferson

