

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

Do not use this space.

20420

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Prophet Primary Registration District No. 3030
 City Charleston, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 69

2. FULL NAME Amalia B. Ketterer

(a) Residence No. Charleston, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 51 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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Ketterer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 3 12

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retail meat market
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Baden - Baden
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Joseph Straub

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Thillia Smelley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

14. INFORMANT Miss Rose Ketterer
 (Address) Charleston, Mo.

15. June 11, 1933 F. J. Vernon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9, 1933
 17. I HEREBY CERTIFY, That I attended deceased from June 7th 1933 to June 9th 1933
 that I last saw her alive on June 9th 1933, and that death occurred, on the date stated above, at 10:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59 (duration) 59 yrs. mos. ds.
 CONTRIBUTORY None
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical symptoms
 (Signed) U. M. Chapman M. D.
 19 _____ (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 6/12, 1933

20. UNDERTAKER Law and C. G. G. Co. ADDRESS Charleston, Mo.

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.

JUL 23 1933

10
16
10

W. H. Chapman

