

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

Do not use this space.

37194

1. PLACE OF DEATH

66 County Miller Registration District No. 6
Township Osage Primary Registration District No. 5760
City (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Kesterson (Burke)
(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Kesterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 - 1858</u> <u>Do not know</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>5</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	<u>Ky. near Burke</u>	
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u> <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT <u>Eugene R. Duncan</u> (ADDRESS) <u>Macumba, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt. Union</u> DATE <u>11-10</u> 19 <u>33</u>		
19. UNDERTAKER <u>Grand Schlessinger</u> (ADDRESS) <u>W. Eschel, Mo</u>		
20. FILED <u>11-10</u> 19 <u>33</u> <u>Wm. S. Shorterman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 9, 1933
I last saw her alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Mitral insufficiency Date of onset _____
92 H
92
Other contributory causes of importance _____

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 _____, 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? _____
If so, specify _____
(Signed) Eugene R. Duncan, M. D.
(Address) Idalia, 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.

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