

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

Do not use this space.

11814

1334
MAY 25 1934

1. PLACE OF DEATH

County Wichitan

Registration District No. 19

File No.

Township

Primary Registration District No. 4556

Registered No.

City Shelby City

No.

St. Ward)

2. FULL NAME Julie May Kesterson

(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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-1-1932

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Mo

10. NAME OF FATHER Dwight Kesterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo

12. MAIDEN NAME OF MOTHER Cary Linggfelt

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

14. INFORMANT (Address) D. R. Kesterson, Shelby City, Mo

15. FILED 4-24 1934 Mary J. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1934

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1934 to Apr 23, 1934 that I last saw her alive on Apr 22, 1934, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
bronchopneumonia
100% (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) measles (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. J. Seiler, M. D.

Apr 24, 1934 (Address) Rock Port, 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 English Grave. Cem. **DATE OF BURIAL** 4-25 1934

20. UNDERTAKER Harry Barsholomew **ADDRESS** Rock Port, Mo

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 status of OCCUPATION is very important.

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