

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

Do not use this space.

30116

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566  
Township 11 N. 11 E. 11 N. Primary Registration District No. 5762  
City (No. ....) .....

File No. ....  
Registered No. 122  
St. .... Ward

**2. FULL NAME**

Thomas D. Kettles  
(a) Residence, No. East Prairie, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</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>Mata Kettles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 7 1895</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>3</u>	DAYS <u>7</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farming</u>
	10. Date deceased last worked at this occupation (month and year)	

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

13. NAME Enoch Kettles

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Leo Jacobs  
(ADDRESS) Batou, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Batou, Mo. DATE Aug. 18 1934

19. UNDERTAKER Travis N. Shelly  
(ADDRESS) East Prairie, Mo.

20. FILED Aug 18 19 34 Frank D. Vernon  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15<sup>th</sup>, 1934, to Aug 17<sup>th</sup>, 1934

I last saw h. .... alive on Aug 16<sup>th</sup>, 1934 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:

Pericarditis Malaria  
(Congestive Chel)  
38  
Other contributory causes of importance:  
Malaria 38

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? No

If so, specify .....

(Signed) Frank D. Vernon, M. D.  
Charleston Mo  
(Address) .....

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.

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