

MAY 22 1936

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

Do not use this space.

16026

1. PLACE OF DEATH

County MarionRegistration District No. 547Township MarionPrimary Registration District No. 3029City Oshtemo(No. 7820 Jelden)

File No. _____

Registered No. 416St. 5th Ward2. FULL NAME Mable Blanche Hetherington(a) Residence, No. 3820 Jelden St. 5th 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-------------------------	----------------------------------	-----------------------------------------------------------------------------

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hetherington6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>6</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. 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) Mendon, Ill.13. NAME Albert Rosebrook14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon, Ill.15. MAIDEN NAME Ella Newkirk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abingdon, Ill.17. INFORMANT (ADDRESS) James Hetherington
Oshtemo, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Co. DATE April 16 193619. UNDERTAKER (ADDRESS) Roy P. Schwartz
Raymond, Mo.20. FILED April 17 1936 H. C. Fisher

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 193622. I HEREBY CERTIFY, That I attended deceased from March 15 to April 14 1936I last saw him alive on April 14 1936 Death is saidto have occurred on the date stated above, at 4:10 p.m.

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

Cacoma of Rectum Date of onset 1936Other contributory causes of importance: General metastases 1936Name of operation Bypass Date of Nov 1935What test confirmed diagnosis? Path. Was there an autopsy? no

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? no

If so, specify _____

(Signed) Howard B. Sudwick, M. D.(Address) Springfield, Mo.

WRITE PEANILY, 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.

