

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.

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

Do not use this space.

DEC 28 1936

41769

1. PLACE OF DEATH

County Linn
Township Greene
City Greene (No.)

Registration District No. H 69
Primary Registration District No. 3-632

File No.
Registered No. 41
St. Ward)

2. FULL NAME

Margarette Winnie Katon

(a) Residence, No. Miller Mo 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. Katon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-2-1863</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1936, to Nov 15, 1936

I last saw her alive on Nov 14, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Date of onset 10-20-36

Other contributory causes of importance:
Nephritis chronic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

13. NAME Jim Infy

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

15. MAIDEN NAME Abeyle Gill Katon

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

17. INFORMANT Leonard Featberg (ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shilo DATE 11-16-36

19. UNDERTAKER Morris and Leiman (ADDRESS) Miller Mo.

20. FILED 11-1 1936 W. & Brumby Registrar.

Name of operation Date of
What test confirmed diagnosis? Analysis of Sputum Date of autopsy? 11

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) L. J. Holmes, M. D.
(Address) Miller Mo.

