

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

Do not use this space.

SEP 25 1937

31667

71

1. PLACE OF DEATH

County St. Francois Registration District No. 775  
Township Henry Primary Registration District No. 19070A  
City Boonville (No. Boonville Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 71

2. FULL NAME

Mary Jane Ketcherside  
(a) Residence, No. Boonville, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937, to August 27, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3

last saw her alive on August 26, 1937. Death is said to have occurred on the date stated above, at 12:45 A M.

7. AGE YEARS 56 MONTHS 7 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

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

Cholelithiasis Date of onset about 1900

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

Other contributory causes of importance: Obesity about 1900

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

13. NAME James Gregg

Name of operation cholelithotomy Date of 8/23/37  
What test confirmed diagnosis? Operation Was there an autopsy? No.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Alwada Bell

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Jessie Ellis Ketcherside  
Boonville, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cemetery DATE Aug 29 37

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Benham Ind. Co  
Boonville, Mo.

(Signed) Daniel Edmund, M. D.  
(Address) Boonville, Mo.

20. FILED Aug 30 1937 N. W. Newburn Registrar.

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.

94  
2  
6

OCCUPATION  
MOTHER  
FATHER

2  
2  
2

