

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.

OCT 19 1937

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. 336 Benton) St. _____ Ward _____

2. FULL NAME Amelia Ketterlin
(a) Residence, No. 336 Benton 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.

33433

File No. _____
Registered No. 2253
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1844

7. AGE YEARS <u>92</u>	MONTHS <u>11</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
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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 _____

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

13. NAME Joseph Bernauer

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Chas. Depue (ADDRESS) 336 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 27 37

19. UNDERTAKER Ketterlin (ADDRESS) R. C. Mo.

20. FILED Sept 26 37 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24th .1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th .1936, to Sept 24th .1937

I last saw her alive on Sept 24th .1937. Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____
(Signed) Dr. Starr D. James
(Address) 3028 East 6th St. R. C. Mo.

Date of onset 6 mo ago
Sept or June 1936

Phone Ch. 5391

