

NOV 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township
City Regina, Mo. (No. 1023)

Registration District No. 372
Primary Registration District No. 5173

File No. 35817
Registered No. 971
St. _____ Ward _____

2. FULL NAME

Margaret Kerstine
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Ny.

FATHER
13. NAME William C Dodean

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

MOTHER
15. MAIDEN NAME Amanda Palmer

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

17. INFORMANT Evelyn Dodean (ADDRESS) Regina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 10/12/38

19. UNDERTAKER W. J. Gaudin (ADDRESS) Regina Mo.

20. FILED Aug 12, 1938 J. G. Gaudin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Oct 9, 1938

I last saw him alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary hemorrhage from atherosclerosis

Other contributory causes of importance: HTN

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? no

If so, specify _____ (Signed) F. G. Gaudin, M. D.
(Address) Regina Mo.

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.

