

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

Do not use this space.

40141

1. PLACE OF DEATH

48 County Jackson Registration District No. Leo
 Township Poplarville Primary Registration District No. 5553B
 City Little Blue (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 198

2. FULL NAME

Rebecca Jane Ganger
 (a) Residence, No. Jackson County Home 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 62 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239
 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) Unknown

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 51

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. W. Ketterling

18. BURIAL, CREMATION, OR REMOVAL PLACE the top of lot 9 sub DATE Dec 29 1932

19. UNDERTAKER (ADDRESS) Ketterling N. Mo.

20. FILED Dec 29 1932 William T. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932, to 12-23 1932.
 I last saw her alive on 12-22 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
mitral regurgitation Date of onset _____

Other contributory causes of importance: ①

Name of operation no 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) J. W. Ketterling M. D.
 (Address) Little Blue, 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.

JAN 24 1934

