MAR 18 1936

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

Do not use this space.

5520 Dr Horst

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township N. Campbell — Primary Registration District No. ~~2001~~ 5439 — Registered No. 0 85
City (No. R# 4 St. Ward)

2. FULL NAME Katherine Elizabeth Ralston
(a) Residence, No. 433 E Elm 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) Feb 24 1855

7. AGE ✓ YEARS 80 MONTHS 11 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Phillip Maurer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Bachart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr Arthur Ralston Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE Feb 3 1936

19. UNDERTAKER (ADDRESS) Alma Lahrieve Springfield Mo

20. FILED 2-2 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Feb 1, 1936
I last saw her alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 11 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrage apoplexy	Feb 1, 1936
Other contributory causes of importance: Arterial Sclerosis	10 years ago

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) O. C. Horst, M. D.
(Address) Medical Arts Bldg Springfield 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.