

STATE OF WISCONSIN--DEPARTMENT OF HEALTH & SOCIAL SERVICES--DIVISION OF HEALTH
ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545

Volume 122 (60151-60650)

State Filing No. 60604

MARY A. KETTLESON

TRANSCRIBED

1. Deceased Name: Mary A. Kettleson
2. Sex: Female
3. Date of Death: May 22, 1973
4. Race: White
5. Age at Last Birthday: a) Years: 58 b) Months: ---- c) Days: ----
6. Date of Birth: January 12, 1915
7. a) County of Death: Rock b) Name of City or Village: Janesville
c) Inside City or Village Limits? Yes d) Hospital or Other Institution Name: Mercy Hospital
8. State of Birth: Wisconsin
9. Citizen of What Country: U.S.A.
10. Single, Married, Widowed, Divorced: Married
11. Surviving Spouse: Robert Kettleson
12. Social Security Number: 396-09-4036
13. a) Usual Occupation: Silk Presser b) Kind of Business or Industry: Dry Cleaners
14. a) Residence-State: Wisconsin b) County: Rock c) Name of City or Village: Janesville
d) Inside City or Village Limits: Yes
e) Mailing Address (Home Address at Time of Death): 916 Harding St.
15. Father's Name: John Osmond
16. Mother-Maiden Name: Minnie Diehls
17. a) Informant-Name: Robert Kettleson b) Mailing Address: 916 Harding, Janesville, Wis. 53545
c) Was Deceased Ever in United States Armed Forces? No
18. Part I: Death Was Caused By:
 - a) Immediate Cause: Respiratory Failure – Interval Between Onset and Death: 2 Years.
 - b) Due to or as a Consequence of: Pulmonary, Cerebral, Hepatic (sp?) & Bony Luctases (sp?) –
Interval Between Onset and Death: 7 Years.
 - c) Due to or as a Consequence of: Carcinoma Breasts –
Interval Between Onset and Death: 11 Years.
- Part II: Other Significant Conditions: ----
19. a) Autopsy? No
20. ----
21. Certification – Physician
 - a) I Attended the Deceased From 1965 to b) May 22, 1973, c) and Last Saw Her Alive on May 22, 1973
 - d) Did you View the Body after Death: No
22. Certification-Medical Examiner or Coroner: a) Hour of Death: ----
b) The decedent was pronounced dead at May 22, 1973.
23. a) Certifier Name: Ronald K. Karzel, M.D. c) Date Signed: 5-23-73
d) Mailing Address-Certifier: 2020 E. Milwaukee, Janesville, Wis. 53545
24. a) Burial, Cremation, Removal: Burial
b) Cemetery or Crematory Name: Oak Hill Cemetery c) Location: Janesville, Wisconsin
d) Burial Date: May 25, 1973
25. a) Funeral Home & Address: Overton – 15 North Jackson, Janesville, Wisconsin 53545
b) Funeral Director Signature: Jefferey D. Swenson
26. a) Registrar's Signature: Emmett W. Murphy b) Date Received by Local Registrar: May 24, 1973