

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

124 1927

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

Do not use this space.

26546

1. PLACE OF DEATH

County Buchanan
Towship
City St. Joseph, (No. 3108 North 11th.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 948
St. _____ Ward _____

2. FULL NAME Joseph Ketchem,

(a) Residence. No. 3108 North 11th. St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Tillie Ketcham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31, 1840,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
87 7 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

10. NAME OF FATHER John Ketchem,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Mary Tate,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

14. INFORMANT M. B. Ketchem
(Address) 3108 North 11th Street.

15 SEP 14 1927 FILED _____ 19 _____ REGISTRAR John G. [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 19 27

17. HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Sept 14, 1927 that I last saw him alive on Sept 13, 1927, and that death occurred, on the date stated above, at 12:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Myocarditis
131
930 (duration) 2 yrs. mos. _____ ds.
CONTRIBUTORY the nephritis
(SECONDARY)
(duration) _____ yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 0/290
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Oran Buchanan M. D.
Sept 14, 19 27 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale, Missouri, DATE OF BURIAL Sept. 15, 19 27

20. UNDERTAKER Heaton-Belgo Underly ADDRESS 119 S. 10 St.
St Joseph Mo

K. 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.

