

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

Do not use this space.

26868

OCT 2 1927

262

1. PLACE OF DEATH

County W. Kalb.

Registration District No. 5764

File No.

Township Dale

Primary Registration District No. 2667

Registered No.

City Union Star (No.) St. Ward)

2. FULL NAME Cary Ketchum

(a) Residence. No. St. Ward. (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Mary Ketchum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1842

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>2</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

10. NAME OF FATHER John Ketchum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Tate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri Tenn.

14. INFORMANT (Address) Sol Ketchum Union Star

15. FILED 9/29, 1927 E. M. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 28th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1927, to September 28th 1927, and that I last saw him alive on September 27th 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis

131 / 290
 (duration) yrs. 9 mos. da.

CONTRIBUTORY (SECONDARY) Pancreatic glandular enlargement
 (duration) yrs. 2 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hest + nitric acid

(Signed) A. O. Farmer, M. D.

9/29, 1927 (Address) Union Star 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 Union Star Cemetery

DATE OF BURIAL Sept. 29, 1927

20. UNDERTAKER H. O. Gillean

ADDRESS King City, Mo.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. Do not use plain terms, so that it may be properly classified.

