

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

Do not use this space.

32643

**1. PLACE OF DEATH**

County Wright  
Township Sherman  
City Amity (No.       ) St. Mo. Ward       

Registration District No. 259  
Primary Registration District No. 6311

File No.         
Registered No.       

**2. FULL NAME**

(a) Residence. No.        St.        Ward. Amity, Mo.  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Catherine Ketchum

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 16, 1933.  
I last saw him alive on Oct 16, 1933, and that death occurred, on the date stated above, at 3:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27-1886

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Internal Injuries  
Received in Auto accident

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46    10    19

CONTRIBUTORY (SECONDARY)        (duration) yrs. mos. 7 ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Gen. Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) Union Star, Mo.  
(c) Name of employer       

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

10. NAME OF FATHER Carry Ketchum

WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS Chloral  
(Signed) E. M. Reynolds, M. D.

12. MAIDEN NAME OF MOTHER Mary Robison

10/17, 1933 (Address) Union Star Mo

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

\*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.

14. INFORMANT Helen Ketchum  
(Address) Amity Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Chapel DATE OF BURIAL 10/18 1933

15. FILED Oct. 17, 1933 J. P. Phelps REGISTRAR

20. UNDERTAKER A. D. Wilson ADDRESS Amity City, Mo.

NOV 10 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





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