

FILED AUG 18 1942

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

Do not use this space.

24217

1. PLACE OF DEATH

County De Kalb Registration District No. 259
 Townshp. Sherman Primary Registration District No. 3361
 City Central Clayportale St. _____ Ward)

2. FULL NAME

MARY KATHRYN KETCHEM

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 56 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

EARL KETCHEM

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

June 27 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) 10 yrs 11. Total time (years) spent in this occupation like

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb co. Ga.

13. NAME Margaret Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Cliza Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mat Ketchem

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE 7-17-42

19. UNDERTAKER (ADDRESS) John E. Brown

20. FILED 7-21 1942 Registrar McMungley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 194222. I HEREBY CERTIFY, That I attended deceased from Apr 1942 to July 16 1942I last saw him alive on July 16 1942 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Progressive Aneurism 1937

Other contributory causes of importance: 1730

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? NoIf so, specify E. M. Reynolds

(Signed) _____ M. D.

(Address) Union St. No. 270

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

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.

