

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City No. 220

Registration District No. 309  
Primary Registration District No. 1003

File No. 8871  
Registered No. 10136  
St. Garfield Ward

**2. FULL NAME**

Sara Frances Ketchum

(a) Residence No. 220 Garfield St. 9 Ward.

(Usual place of abode) Length of residence in city or town where death occurred Lifetime mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1917

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min. 16 | 1 | 19

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Daniel C. Ketchum

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

12. MAIDEN NAME OF MOTHER Helen Mann

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

14. INFORMANT Daniel C. Ketchum (Address) 220 Garfield

15. FILED 3/7/28 1928 M. M. Crause REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1928, to March 7 1928 that I last saw her alive on March 6 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Infectious Endocarditis  
Chronic Endocarditis (duration) 3 yrs. 3 mos. da.  
CONTRIBUTORY (SECONDARY) 92A (duration) 6 yrs. 11A mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual symptoms

(Signed) John E. Robinson M. D.

(Address) 510 Ottawa Bldg

\*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 Elmwood DATE OF BURIAL 3-8 1928

20. UNDERTAKER W. K. Newcomer's Sons ADDRESS K.C., Mo.

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.

510 Altman Bldg.  
Vic 4060  
12-5.