EG 27 1920

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

Do not use this space.

36582

1. PLACE OF DEATH
County Gentry
Township
City Albany (No. ..... St. ..... Ward)
Registration District No. 309
Primary Registration District No. 4185
File No.
Registered No. 56

2. FULL NAME Vance Claude Ketchum
(a) Residence. No. RR Albany Mo St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
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) Jany 13, 1894
7. AGE YEARS 34 MONTHS 10 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.
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) DeKalb Co
(STATE OR COUNTRY) Decalf. co. Mo.
PARENTS
10. NAME OF FATHER Jacob Ketchum
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Decalf. co Mo.
12. MAIDEN NAME OF MOTHER Rhoodie Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Star
(STATE OR COUNTRY) Mo.
14. INFORMANT Mrs. John Robison
(Address) King City Mo R.R. #6
15. FILED Nov 24, 1928 W.T. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ..... about 3. P. ....., 19....., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide Carbolic Acid
16 ..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. W. Whiteley, M. D
Nov 20, 1928 (Address)

*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
DATE OF BURIAL 11-21-1928
20. UNDERTAKER R. G. Taggart
ADDRESS King City

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.