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

Do not use this space.

85

8884

File No.

Registered No. 313

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City: St. Joseph (No. City Isolation Hospital St. Ward)

2. FULL NAME Verl Oren Kettenring

(a) Residence. No. St., Ward. Cameron, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Single~~ Male

4. COLOR OR RACE: ~~Male~~ White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~White~~ Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 17th 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Washington County
(STATE OR COUNTRY): Colorado

PARENTS

10. NAME OF FATHER: Robert K. Kettenring

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

12. MAIDEN NAME OF MOTHER: Esther Graves

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

14. INFORMANT: Robert K. Kettenring
(Address): Cameron, Missouri

15. FILED 3/23 1931 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1931

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 22, 1931, that I last saw him alive on March 22, 1931, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis — Caused by Specific Meningococcus of Welch. Gram negative biscuit shaped intra-cellular diplococcus (duration) yrs. mos. 20 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Cameron, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination of Spinal fluid and clinical symptoms

(Signed) Cole Porter M. D.

Feb. 23. 1931 (Address) 731 Faraon St. Joseph 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: Cameron, Missouri

DATE OF BURIAL: Mch. 23 1931

20. UNDERTAKER: W. Meierhoffer

ADDRESS: 1302 Faraon

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.