WRITE 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.

JUN 27 1931

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

Do not use this space.

18840

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Little Prairie — Primary Registration District No. 5862 — Registered No. 58
City ~~Caruthersville~~ (If not in a city or town, give city or town and State) St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Ketchum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1883
7. AGE YEARS 48 MONTHS 0 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 11
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court Road
10. Date deceased last worked at this occupation (month and year) May 12, 1931
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

FATHER
13. NAME Dan Ketchum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. K.

MOTHER
15. MAIDEN NAME U. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. K.

17. INFORMANT (ADDRESS) Alice Ketchum Lake City Ark.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Prairie Cemetary DATE May 15, 1931
19. UNDERTAKER (ADDRESS) J. L. La Forge Caruthersville, Mo.
20. FILED June 10, 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May -14- , 1931
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:15 P. m.
The principal cause of death and related causes of importance were as follows:
By being struck by a truck driven by C. A. Simpkins, unavoidable accident on the part of driver
Other contributory causes of importance: (verdict of Coroners Jury)
Date of onset
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? accident Date of injury 5/14/, 1931
Where did injury occur? Caruthersville, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Construction of a Concrete road
Manner of injury Struck by a gravel truck
Nature of injury Fracture at base of Skull
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James P. Vickery, M. D.
(Address) Bragg Dock, Mo. (Coroner)

NOV 29 1950