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.

NOV 24 1931

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

Do not use this space.

34318

File No.

Registered No. 341

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: — Primary Registration District No. 5554

City: Fairmount (No. 233, N. Home St. Ward)

2. FULL NAME: Ora Belle Ketchum

(a) Residence. No. Hannibal 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	3	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Stephen Williams

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

12. MAIDEN NAME OF MOTHER: Jane Morehead

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

14. INFORMANT: Geo. Ketchum
(Address) Hannibal, Mo

15. FILED Oct. 17, 1931 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 10/12, 1931, to 10/16, 1931 that I last saw her alive on 10/16, 1931, and that death occurred, on the date stated above, at 9 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis c̄ Hypertrophy of Heart + Aortic Aneurism

Chronic Nephritis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) Greenor, M. D.

10-17, 1931 (Address) 10307 Ridge ave Kcmo

*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	DATE OF BURIAL
Hannibal, Mo	Oct. 1931
20. UNDERTAKER	**ADDRESS**
C. H. Blackman + Son	City