

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.

PAR 2 1932

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

Do not use this space.

Je James
4324
File No. 102
Registered No.

1. PLACE OF DEATH
39 County *Andrew* Registration District No. *318*
3 Township *Amosfield No* Primary Registration District No. *2001*
5 City *St. Joseph* (No. *St. Joseph*)
2. FULL NAME *Ruth Ketter*
(a) Residence, No. *Amosfield No* St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word)* SINGLE MARRIED WIDOWED DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 8-1932*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 4 ✓ 1 ✓ 8 ✓ 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓ ✓*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓ ✓*

10. Date deceased last worked at this occupation (month and year) _____ W. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Amosfield, Mo*

FATHER 13. NAME *Leonard Ketter* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Amosfield Mo*

MOTHER 15. MAIDEN NAME *Bessie Neal* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Amosfield Mo*

17. INFORMANT (ADDRESS) *W. H. Traverser*

18. BURIAL, CREMATION, OR REMOVAL PL. *Amosfield Mo* DATE *2/9 32*

19. UNDERTAKER (ADDRESS) *W. H. Traverser*

20. FILED *2-8 1932* *Don Sharp* Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-8 1932*

22. I HEREBY CERTIFY, That I attended deceased from *1-8 1932* to *2-8 1932*
I last saw her alive on *2-8 1932* Death is said to have occurred on the date stated above, at *6:00 p.m.*
The principal cause of death and related causes of importance were as follows:
Promatinitis 7th man 8 1/2 hrs old
Date of onset _____

Other contributory causes of importance: *157*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *(1)*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *Joseph D. James* M. D.
(Address) *Springfield Mo*

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