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

Do not use this space.

7396
8

1. PLACE OF DEATH
County Boone — Registration District No. 79 — File No.
Township Burbon — Primary Registration District No. 4047 — Registered No.
City Sturgeon (No. ..... St. ..... Ward)

10
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3

2. FULL NAME Dora J Ketchum
(a) Residence. No. ..... 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/2/1862

7. AGE: YEARS 70 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired House Wife
(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) Missouri

PARENTS
10. NAME OF FATHER: Ely Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Lucy Peacher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT: Nannie M. Evans
(Address) Columbia Mo

15. FILED 3/6/1932 E. R. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-4-1932

17. I HEREBY CERTIFY, That I attended deceased from 3-4, 1932, to same date, 19..., that I last saw her alive on 3-4, 1932, and that death occurred, on the date stated above, at 3-4-[illegible] P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralytic Stroke
12 A
12 A
89 A (duration) ..... yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY): Mitral Insufficiency
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 92 A ①
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. A. Robinson, M. D.
, 19 (Address) Sturgeon 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: Centralia Cemetary — DATE OF BURIAL: 3/6 1932

20. UNDERTAKER: Bruce & Barnes — ADDRESS: Sturgeon Mo

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.

MAR - 1 1932