

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.

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

Do not use this space.

8531

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. K.C. General Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1112 Ward _____

2. FULL NAME

(a) Residence, No. 1011 Penn St. 1 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9 1888</u>				
7. AGE - <u>48</u>	YEARS	MONTHS	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>J. A. Ketcham</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Emma Rice</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT (ADDRESS) <u>Be wa Clerk</u> <u>K. C. Gen. Hosp. K.C. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>3-17-32</u>				
19. UNDERTAKER (ADDRESS) <u>Stine & Mc Clure</u> <u>3235 Hickman Pl</u>				
20. FILED <u>3/17</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-32

22. I HEREBY CERTIFY, That I attended deceased from 3-7-32 to 3-15-32.
I last saw him alive on 3-15-32. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:
cerebral Embolism
Date of onset _____
Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. Williams M. D.
(Address) Subt. K. C. Gen. Hosp. K.C. Mo

MAY 26 1945