

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

Do not use this space.

12099

1. PLACE OF DEATH
32 County Polk Registration District No. 4161
5 Township Polk Primary Registration District No. 262
1 City Union Star (No. _____ St. _____ Ward _____)

2. FULL NAME Mary 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1850
7. AGE YEARS 81 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.
13. NAME Thomas Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Mo.
15. MAIDEN NAME Francis Livingston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Mo.
17. INFORMANT Thomas Ketchum
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Apr. 26, 1932
19. UNDERTAKER W. H. Wilson
(ADDRESS) King City, Mo.
20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1932 to Apr 24, 1932
I last saw him _____ alive on Apr 24, 1932 Death is said to have occurred on the date stated above, at 10:30 A. M.
The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 4/19/32
Myocarditis
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? 9510 Was there an autopsy? _____
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) E. M. Reynolds M. D.
(Address) Union Star Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County DeKalb
Township Union Star
City Union Star (No.)

Registration District No. 262
Primary Registration District No. 4161

File No.
Registered No.
St. Ward

2. FULL NAME Mary 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) Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7/29 1932 EMR Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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? 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) , M. D.
(Address)

SUPPLEMENTARY

DEATH IN plain terms, so that it may be prof...
 S. STARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 should be stated EXACTLY. PHYSICIAN'S SIGNATURE IN PLAIN TERMS...
 ced. Exact statement of OCCUPATION in very important.

5-12099