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

Do not use this space.

21932

File No. .....

Registered No. 18

1. PLACE OF DEATH
10 County Boone — Registration District No. 72
2 Township Centralia — Primary Registration District No. 4041
2 City Centralia (No. ..... St. ..... Ward)

2. FULL NAME James Robert Ketchum

(a) Residence. No. 416 (Usual place of abode) Allen St., Ward 3 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? Allowing mos. ds.

AUG 22 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Int Decorator
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Boone County Mo

PARENTS
10. NAME OF FATHER G. W. Ketchum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va (STATE OR COUNTRY) Boone Co
12. MAIDEN NAME OF MOTHER Louisa Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va (STATE OR COUNTRY) Boone Co

14. INFORMANT Son Charles C. Ketchum
(Address) Kansas City, Mo

15. FILED 7/9, 1932 J. D. F. Peterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1932

17. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to July 9, 1932, that I last saw him alive on July 9, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis
1917
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Peritonitis
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General Condition
(Signed) W. G. White, M. D.
, 19 (Address) Centralia 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 Cem. — DATE OF BURIAL 10 July 1932

20. UNDERTAKER Lump Barnes & Doty — ADDRESS Centralia Mo