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

Do not use this space.

1. PLACE OF DEATH
County: Boone — Registration District No.: 73 — File No.: 21951
Township: — Primary Registration District No.: 3006 — Registered No.: 166
City: Columbia (No.: Boone Co. Hospital St. Ward)

2. FULL NAME: Mattie T. Ketchum
(a) Residence, No.: 19 Paris Court 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Cliff Ketchum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1st 1886
7. AGE — YEARS: 45 — MONTHS: 8 — DAYS: 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Boone Co., Mo.

FATHER
13. NAME: J. W. Drane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co., Mo.

MOTHER
15. MAIDEN NAME: Julie Purcell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Cliff Ketchum, Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Memorial Park — DATE: July 29, 1932
19. UNDERTAKER (ADDRESS): R. O. Wilcox
20. FILED: 7/28/1932 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 7-27, 1932
I last saw h. ~~or~~ alive on 7-27, 1932. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture & dislocation of 7 cervical vertebra with division of spinal cord	7-24-32

Other contributory causes of importance: NONE

Name of operation: No — Date of:
What test confirmed diagnosis? Very. Clinical — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes — Date of injury 7-24, 1932
Where did injury occur? U.S. Highway #40 Mo (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? No
If so, specify
(Signed) Hardy A. Robins, M. D.
(Address) Columbia Mo

N. B. Every item of information should be carefully supplie[illegible]E should be stated EXACTLY. PHYSICIANS [illegible] ate CAU[illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 Boone
Township
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 166

2. FULL NAME Mattie T. 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) M

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) .....

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
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 9/27/ 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1932

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

Fracture & dislocation of 4 Cervical Vertebra with division of Spinal Cord

Date of onset

Victim was riding in car and they struck the back of another car turning them over.

Other contributory causes of importance:

210

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? accident Date of injury ..... 19...
Where did injury occur? U. S. Highway #40
(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

21951