

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

Do not use this space.

32259

278

85

1. PLACE OF DEATH  
 11 County Ruchanan Registration District No. \_\_\_\_\_  
 5 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St Joseph Mo (No. \_\_\_\_\_) State Mo (2) \_\_\_\_\_  
 2. FULL NAME Charles M. Ketter St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. 3105 Wyandotte St. R. C. Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Elizabeth Ketter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 unknown  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Various occupations  
 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) Mo Ark  
 13. NAME Merritt Ketter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Ky Mo  
 15. MAIDEN NAME Elizabeth Kelly  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE R C Mo DATE Oct 14 1933  
 19. UNDERTAKER (ADDRESS) Freeborn No 25 St Joseph Mo  
 20. FILED 10-12-1933 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933  
 22. I HEREBY CERTIFY, That I attended deceased from June 29 1933 to Oct 12 1933  
 I last saw him alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset Indefinite  
83  
930  
 Other contributory causes of importance: Dementia Paralytica June 1931  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. & Clin Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none (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 none  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Melex \_\_\_\_\_, M. D.  
 (Address) State Hospital No 2 St Joseph Mo

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. NCV 10 1933

