

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

Do not use this space.

32835

OCT 17 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Law Primary Registration District No. 1002
 City Kennett (No. General Hospital) St. Mo. Ward

File No. 4871
 Registered No. 4871
 St. Ward

2. FULL NAME R. L. Ketterman

(a) Residence. No. 2226 Indiana 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
approx 55 ✓ ✓ ✓

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

PARENTS
 10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT James Glenn
 (Address) 75 E. Mo.

15. FILED 9/11/34 M. M. Crowe REGISTRAR
ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/13/34 1934
 17. I HEREBY CERTIFY that I attended deceased from 10/13/34 to 10/13/34, 1934, that I last saw him live on 10/13/34, and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic aortic and
myocardial infarction
with mural thrombi
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hypertension
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS autopsy

9/13 (Signed) [Signature] M. D.
 9/13 .1934 (Address) [Signature]

*State the DISEASE CAUSING DEATH, and death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn Cem DATE OF BURIAL 9-11 1934

20. UNDERTAKER H. Vigman & Sons ADDRESS K.C. Mo.

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.

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