

APR 9 1935

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

Do not use this space.

791

11258

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 1003

City St. Louis (No. 21153)

City Wash #1

File No. ....

Registered No. 2915

St. 2915 Ward

2. FULL NAME

(a) Residence, No. (Usual place of abode)

Wm. J. Ketchum  
Garden Shelby

(KETCHUM.)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

20 3 11

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 3/23 1935 to 3/26 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1868

I last saw him alive on 3/26 1935. Death is said to have occurred on the date stated above, at 12 noon

7. AGE YEARS 66 MONTHS 4 DAYS 20

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. me  
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

Lobar Pneumonia  
108  
Date of onset

Other contributory causes of importance:

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

13. NAME W. R. Ketchum

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

15. MAIDEN NAME Floria Bowell

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

17. INFORMANT Mary Lupton City Wash #1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Geo. W. Clark

20. FILED APR 28 1935

J. Bredeck Registrar

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) R. G. Kelly, M. D.  
City Wash #1  
(Address)

WRITE PLAINLY, WITH OUTFRONT MARKS TO A FURNISHED FORM. 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.

2022

