

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

Do not use this space.

29630

1. PLACE OF DEATH

County Warren

Registration District No. 875

Township Washington

Primary Registration District No. 6162

City _____ (No. _____)

File No. _____

Registered No. 189

St. _____ Ward _____

2. FULL NAME Benjamin F. Ketterman

(a) Residence, No. State Hospital #3 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1976

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

22. I HEREBY CERTIFY That I attended deceased from Oct. 30, 1901, to July 8, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1874

I last saw h. in alive on _____, 1936. Death is said

7. AGE YEARS 58 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 12-10 P.m.

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. farmer

Chronic endocarditis (valvular) Date of onset years standing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. invalid

Other contributory causes of importance Embolic - coronary artery sudden

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) Grain Valley Mo.

MOTHER FATHER 13. NAME David Ketterman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER 15. MAIDEN NAME Ella Shroud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Ella Ketterman (ADDRESS) Grain Valley Mo.

18. BURIAL, CREMATION, OR-REMOVAL PLACE Blue Springs DATE 7-12-36

19. UNDERTAKER R. B. West (ADDRESS) Blue Springs Mo.

20. FILED 7/8 1936 M. E. Kibinger Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) J. T. O'Dell M. D.

(Address) _____

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.

1874

Richmond

Washington