

MAY 17 1937

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

Do not use this space.

15689

1. PLACE OF DEATH

10 County Boone
Township Rocky Fork
City (No. _____) _____

Registration District No. 74
Primary Registration District No. 5113

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Ketchum
(a) Residence, No. Sturgeon St. RR #1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 2 13

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer

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) Schuyler Co Mo13. NAME Sloan Ketchum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Mary E.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Clinton Ketchum
(ADDRESS) Sturgeon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE May 11 193719. UNDERTAKER R. Willett Columbia, Mo.
(ADDRESS) _____20. FILED 5-11-1937 Mrs. F. L. Sweet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1937

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 7:30 P.M.

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

Date of onset

Other contributory causes of importance:

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 _____

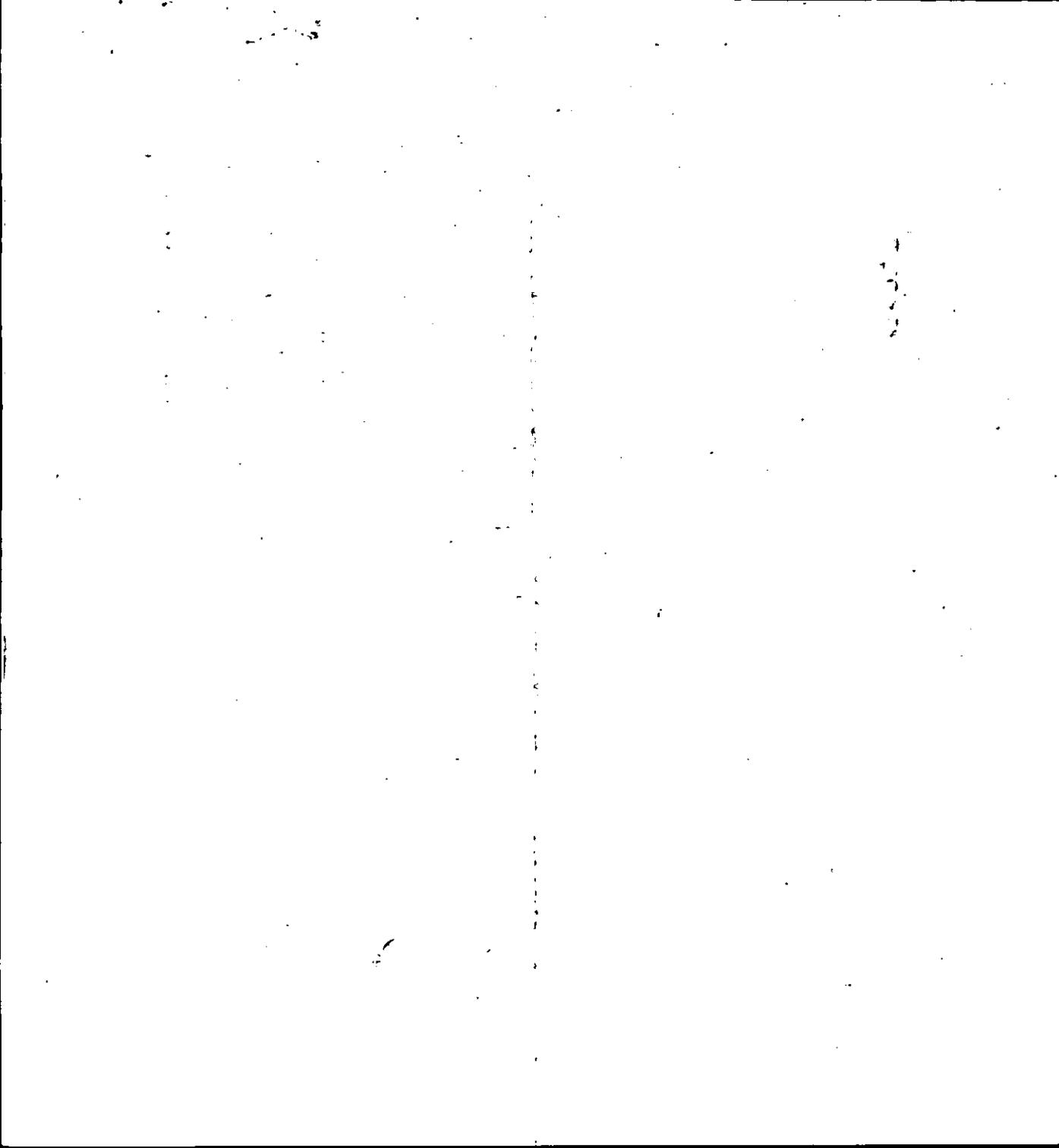
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, 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.



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1. PLACE OF DEATH

County Boone Registration District No. 74 File No. _____
 Township Rocky Fork Primary Registration District No. 5113 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Robert Ketchum
Sturgeon R R # 1

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or _____
83 2 13 _____
 or _____

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer
 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)
Schuyler County
Mo

13. NAME Sloan Ketchum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont Know

15. MAIDEN NAME Mary E
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont Know

17. INFORMANT (ADDRESS)
Clinton Ketchum
Sturgeon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Hickory Grove May 11, 1937

19. UNDERTAKER (ADDRESS)
R. O. Willett
Columbia, Missouri

20. FILED 5/14/37 Mrs. F. L. Farrell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Deceased was advised in age - being ill for some time, but had no medical attention until family realized he was suffering. Other contributory causes of importance: From the family - old age - son left to go evening chores and returned to find his father dead in bed where he left.

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.
 The undertaker called me by phone asking the manner of injury _____
 Nature of injury _____
 I asked me to issue certificate _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Mrs. F. L. Farrell

(Address) Hallaville, Mo

(Cover refused to serve, as county board would not voucher for paying funeral expenses)

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.

DUPPLICATE

5-15689