

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County, Howard  
Township, Monteau  
City (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward)

Registration District No. 328  
Primary Registration District No. 5-5-51

File No. 25474  
Registered No. 39

2. FULL NAME

John Samuel Ketchum

325

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1861

7. AGE YEARS MONTHS DAYS 76 7 13  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, 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) Nov. 1937  
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Howard County  
(STATE OR COUNTRY) Missouri

13. NAME William Ketchum

14. BIRTHPLACE (CITY OR TOWN) Howard County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Wilhite

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

17. INFORMANT Arthur Long  
(ADDRESS) Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Gilead DATE July 7, 1938

19. UNDERTAKER Guy T. Halley  
(ADDRESS) Fayette Missouri

20. FILED Aug 5 1938 V. C. Bonham  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

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 4:10 P.M.

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

Emphysema  
ref. influenza

Date of onset

Other contributory causes of importance: 167

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Smoked pipe Date of injury July 6, 1938

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury swell  
Nature of injury enteric

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. P. Hawkins M. D.  
339 (Address) St. Louis 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.

