

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1924 1927

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

Do not use this space.

26546

1. PLACE OF DEATH

County Buchanan  
Towship  
City St. Joseph, (No. 3108 North 11th.)

Registration District No. 85  
Primary Registration District No. 1001

File No.  
Registered No. 948  
St. Ward

2. FULL NAME Joseph Ketchem,

(a) Residence. No. 3108 North 11th. St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31, 1840,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 7 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Indiana,

10. NAME OF FATHER John Ketchem,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Mary Tate,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Tennessee,

14. INFORMANT M. B. Ketchem  
(Address) 3108 North 11th. Street.

15. FILED SEP 14 1927  
REGISTRAR John G. [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 19 27

17. HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Sept 14, 1927  
that I last saw alive on Sept 13, 1927, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr Myocarditis  
131  
930 (duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Cholera septica  
(duration) - yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 0/290  
IF NOT AT PLACE OF DEATH?  
DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Oran Buchanan, M. D.  
Sept 14, 1927 Address to Joseph [Signature]

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale, Missouri, DATE OF BURIAL Sept. 15, 19 27

20. UNDERTAKER Heaton - Be Gole Under [Signature] ADDRESS 19 S. 10 St.

K. 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.

