

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

Do not use this space.

26868

OCT 3 1927

262

1. PLACE OF DEATH

County W. Kalb.  
Township Dale  
City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 5764  
Primary Registration District No. 26th

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Cary Ketchum

(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 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 | 2 | 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Union Star Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John Ketchum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Star Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Tate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Star Mo.  
(STATE OR COUNTRY)

14. INFORMANT (Address) Sol Ketchum Union Star

15. FILED 9/29, 1927 E. M. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 28<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1927, to September 28<sup>th</sup> 1927, and that I last saw him alive on September 27<sup>th</sup> 1927, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic nephritis

131 / 290  
101 / 290 (duration) yrs. 9 mos. ds.

CONTRIBUTORY Pancreatic glandular enlargement (SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hest + nitric acid

(Signed) A. O. Farmer, M. D.

9/29, 1927 (Address) Union Star Mo.

\*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 DATE OF BURIAL

Union Star Cemetery Sept. 29, 1927

20. UNDERTAKER ADDRESS

H. O. Gilman, King City, Mo.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. Do not use plain terms, so that it may be properly classified.

