

FILED AUG 18 1942

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

Do not use this space.

24217

## 1. PLACE OF DEATH

County De Kalb Registration District No. 259  
 Township Sherman Primary Registration District No. 5361  
 City Clatskanie St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

MARY KATHRYN KETCHEM

(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 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27 - 1886</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>23</u>
	DAYS <u>23</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>10 yrs</u>	11. Total time (years) spent in this occupation <u>like</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Kalb Co Ga</u>		
FATHER	13. NAME <u>Madison Greer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Cliza Patton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT (ADDRESS) <u>Mat Ketchem Clatskanie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>7-17-42</u>		
19. UNDERTAKER (ADDRESS) <u>John E. Bryan Clatskanie</u>		
20. FILED <u>7-21-42</u> 1942 <u>Clatskanie</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 16 1942</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 1942 to July 16 1942</u> I last saw him alive on <u>July 15 1942</u> Death is said to have occurred on the date stated above, at <u>3 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumonia Acquired 1937</u> Other contributory causes of importance: <u>1/30</u>
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? <u>No</u> If so, specify <u>E. M. Reynolds</u> (Signed) _____ M. D. (Address) <u>Union St. 2nd</u>

WHITE 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.

