

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

PLACE OF DEATH

County, Buchanan
Township B. Washington
or
Village St. Louis
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 86 File No. 7581
Primary Registration District No. 5127 Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Lorenzo Dow Kezer

PERSONAL AND STATISTICAL PARTICULARS

1. MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH July 17, 1847 (Month) (Day) (Year)

DATE OF DEATH March 4th, 1914 (Month) (Day) (Year)

AGE 67 yrs. 7 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

I HEREBY CERTIFY, that I attended deceased from May 27th, 1914, to March 4, 1914, that I last saw him alive on March 3rd, 1914, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows:

OCCUPATION Carpenter
General nature of Industry, business, or establishment in which employed (or employer)

Lobar Pneumonia
108
(Duration) ___ yrs. ___ mos. 6 ds.

BIRTHPLACE Knox Co. Mo.
(City or town, State or foreign country)

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Sevi Kezer

(Signed) C. F. Jones M. D. (Address) Jefferson & St. Joseph Aves.

BIRTHPLACE OF FATHER New Hampshire
(City or town, State or foreign country)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER Henry Anne Lewis

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF MOTHER Baltimore
(City or town, State or foreign country)

Where was disease contracted if not at place of death?
Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Kezer

PLACE OF BURIAL OR REMOVAL Green Cemetery DATE OF BURIAL March 5th, 1914

(ADDRESS) Station B. St. Spruce

HEADSTONE GOLE UND. CO. ADDRESS 254 So. 4th St.
Registrar J. M. Kezer

Filed March 4, 1914 J. J. Baystach REGISTRAR

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

APR 10 1949

APR 21 1949

APR 21 1949

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Buchanan } SS.
Washington Twp.

State File No. 7581-14
Local Registrar's No. 15

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of March, 1947, before me appears Miss Charlotte A. Kezer, who, upon her oath, states that the original record of ~~birth~~ death for Lorenzo Dan Kezer died March 4, 1914, in the State of Missouri, and which was filed at St. Joseph, Mo on 3-4, 1914, should be corrected as follows:

- Item No. _____ should read _____
- Instead of _____
- Item No. maiden name of mother should read Henry Anne Lewis
- Instead of unknown
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Miss Charlotte A. Kezer daughter
Relationship Relationship.
618 North 12th St, St. Joseph, Missouri
Present Address.

Subscribed and sworn to before me this 28 day of March, 1947.

My Commission expires April 24, 1949 K. L. Jenkins Notary Public.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of ~~birth~~ death
for Lorenza D. Keel, died 3-4, born _____, 1914, in the State of
Missouri, and which was filed at 3 84 on _____, 1914, should be corrected as follows:

Item No. _____ Date of birth - should read _____

Instead of _____ July 17, 1846

Item No. _____ should read _____ July 17, 1847

Instead of _____ ag - 67-7-17

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Theresa A. No 200 June 1 1900
Relationship _____

Wm. J. ...
Present Address _____

Subscribed and sworn to before me this 18th day of April, 1948

My Commission expires _____ My Commission Expires August 8th, 1952 Kathleen Harris Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.