

MAY 28 1930

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

Do not use this space.

22912-A

1. PLACE OF DEATH

County Washington Registration District No. 886  
Township Concord Primary Registration District No. 6178  
City near Grindale, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Keane  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marissa, Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER David Keane

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown to me  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT J. M. Good small  
(Address) Frederickson - Mo.

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 - 1922

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1922, to July 12, 1922 that I last saw h. / m. alive on July 12, 1922, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Ascending Paralysis (Landry's Paralysis)

81A (duration) 7 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) 73A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

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) Darby Appleberry, M. D.

3-6, 1930 (Address) Rivermines 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 \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Good Bayler  
Readwood Mo

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.

Dr. John Keane - of Grindale, Mo - last treated patient.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Washington Registration District No. 846 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4537 Registered No. \_\_\_\_\_  
 City near Inzillale Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. John Kean St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1922

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Gladys Kean

17. I HEREBY CERTIFY That I attended deceased from July 10 1922 to July 12 1922 that I last saw him alive on July 10 1922 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 1895

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
27 ✓

acute ascending Paralysis  
secondary Lathyrus Paralysis

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Mamersa Illinois

18. WHERE WAS DISEASE CONTRACTED

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) D. A. Appleberry, M.D.

3-6 1932 (Address) Blue Springs 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.

10. NAME OF FATHER David Kean

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) unknown to me

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT W. H. Woodsmall  
 (Address) Ferguson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL concord DATE OF BURIAL 7-17 1922

15. FILED 5-10 1922 J. P. Yurgenis REGISTRAR

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood Mo

CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

22912-P