OCT 24 1927

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

Do not use this space.

26480

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 935
City St. Joseph, Mo. (No. 2318 Felix Street St. Ward)

2. FULL NAME Lewis Chrisman Keene
(a) Residence. No. 2318 Felix Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 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: Coy Keene

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 22, 1866

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 0 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic, Grand Island
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Galliton
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Judge G. H. Keene
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Jane Hogan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. L. C. Keene
(Address): 2318 Felix Street

15. FILED SEP 13 1927, 19 John G. Ut, SS 3 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 10, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927 to , 1927 that I last saw him alive on Feb 11, 1927, and that death occurred, on the date stated above, at 11:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart disease (dropped dead)
Myocarditis Chr.
93C
95R
(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9013
(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? Clinical
(Signed) [signature], M. D
9/13, 1927 (Address) St. Joseph, 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: Ashland Cemetery — DATE OF BURIAL: 9-14 1927

20. UNDERTAKER: Fleeman - Funeral Home — ADDRESS: 1208 Francis

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.