1928

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

Do not use this space.

32730

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. ..., ..... St. ..... Ward)

File No. ..... Registered No. 1115

2. FULL NAME Juanita Keeling

(a) Residence. No. 713 Noyes Ave. St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1899

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 0 | 23 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Humansville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Keeling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Humansville
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nellie Pollard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Poland
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. James Keeling
(Address) 713 Noyes Ave.

15. FILED 5 19 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1927 19

17. I HEREBY CERTIFY, That I attended deceased from 11-4, 1927, to 11-4-27, 19 that I last saw her alive on 11-4, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tbc

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(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) C. S. Brauson, M. D

11-5, 1927 (Address) 1011 W Moore

*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: I. O. O. F. Cem.

DATE OF BURIAL: Nov 6 1927

20. UNDERTAKER: Fred D Clark

ADDRESS: 5025 King Hill av.

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.