JAN 28 1928

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

Do not use this space.

37198

1. PLACE OF DEATH

County: Jackson — Registration District No. 400 — File No.

Township: Prairie — Primary Registration District No. 5553B — Registered No. 135

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Zacariah Keyton

(a) Residence. No. Jackson Co Home Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 3 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-17-1852

7. AGE: Years 75 — Months 2 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Elijah Keyton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Ardenien Ward
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: J. W. Hostetter
(Address) Jackson Co Home Little Blue

15. FILED 12-2, 1927 F. M. Schick REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-2-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1927, to Dec 1, 1927, that I last saw him alive on Dec. 1st, 1927, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo Carditis
93
162 400 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General Inanition
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Greene, M. D.
, 19 (Address) Independence 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: K.C. Col Osteo & Surg. — DATE OF BURIAL: 12-6 1927

20. UNDERTAKER: Mo State Anatomical Board — ADDRESS: [illegible]

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.

PERMANENT RECORD