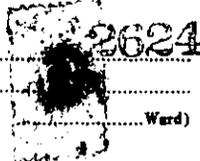


**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10804



1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No. *13 Bethesda Hospital*)..... St. Ward)

791

1003

File No.....

Registered No.....

2. FULL NAME

Christina McKeown

(a) Residence. No. *4860 Rutger* St. *180* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female | *white* | *widow*

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF *not known*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 8th 1837*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>90</i>	<i>1</i>	<i>7</i>	<i>29</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *None*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Highland*
 (STATE OR COUNTRY) *Scotland*

10. NAME OF FATHER *James Stewart*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *not known*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Isabella McVane*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Edinburgh*
 (STATE OR COUNTRY)

14. INFORMANT *Mamma Farrell*
 (Address) *4860 Rutger*

15. FILED *MR - C 1323* *Mar B. Starkeoff* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 7 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 15* 1928, to *3/7* 1928, that I last saw her alive on *2/7* 1928, and that death occurred, on the date stated above, at *about* *9 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
32 hr
74 hr (duration) yrs. mos. *25* da.

CONTRIBUTORY (SECONDARY) *Hypertension* ? (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... *3660 Rutger*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Plummet*
 (Signed) *W. H. Riley*, M. D.

, 19 (Address) *3649 Thata*

*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 *Valhalla Cem* DATE OF BURIAL *3/9 1928*

20. UNDERTAKER *Fred W. Williams 4561 Delaware* ADDRESS

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.

