

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

Do not use this space.

12439

1. PLACE OF DEATH
 County Butler Registration District No. 88
 Township Marysville Primary Registration District No. 5130
 City Marysville (No.) St. Ward (....)

2. FULL NAME John Henry McKeeney
 (a) Residence No. 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.

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.

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) Aug 22 1925

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
2 | 8 | 5

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

9. BIRTHPLACE (CITY OR TOWN) Butler co mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Mal McKeeney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren co Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne co mo
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1928

17. I HEREBY CERTIFY That I attended deceased from April 25, 1928, to April 27, 1928, (that I last saw him alive on April 25, 1928, and that death occurred, on the date stated above, at 7 P m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
double lobar pneumonia
101° 104°
 (duration) 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
4/28 (Signed) Stewart, M. D.
4/28, 1928 (Address) Wayne mo

*State the DISEASE CAUSING DEATH, if 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 Williamson cem DATE OF BURIAL 4/28 1928
 20. UNDERTAKER Carney et al ADDRESS Wayne mo
W. J. Turner

14. INFORMANT Madison Carney
 (Address) Wayne mo

15. FILED 5-7-1928 R. L. Turner
 REGISTRAR

