

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

Do not use this space.

16886

**1. PLACE OF DEATH**

County Henry  
Township.....  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 69  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Sarah S. Keith  
(Usual place of abode) 507 West Albany St. Ward. 3

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 | 2 | 8 | 0 | 0 | 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Greenville  
(STATE OR COUNTRY) South Carolina

10. NAME OF FATHER Bellie Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER Caroline Spencer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY).....

14. INFORMANT Jess. Keith  
(Address) Clinton mo

15. FILED May 25 1928 Dr. E. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/24 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/1, 1924 to 5/24, 1928  
that I last saw him alive on 5/24, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Bronchitis  
106 B

CONTRIBUTORY (SECONDARY) 99B

**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) E. C. Peelor, M. D.

, 19 (Address) Clinton

\*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

DATE OF BURIAL

Englewood Cemetery

5-25 1928

20. UNDERTAKER

ADDRESS

Spore & Son

Clinton mo

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.

