

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 5-889

File No. 18041
Registered No. 159
St. (Word)

2. FULL NAME

Rev Bailey Keele
(a) Residence. No. Route 2 Sedalia 2 4th St. from 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7-1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>9</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Hauling Gravel
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Sam Keele

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Effie Kungler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Sam Keele
(Address) Route 2 Sedalia Mo

15. FILED 5-23-28 J.S. Love REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/21 1928

17. I HEREBY CERTIFY That I attended deceased from May 1928, to May 21 1928 that I last saw him alive on May 21 1928, and that death occurred, on the date stated above, at 6:0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Refused of food

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED At his home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF May 9-1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.S. Bishop, M. D.
, 19 (Address) Sedalia 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 DATE OF BURIAL

Brickhampton Pettis Co 5/23 1928

20. UNDERTAKER

McLaughlin Bros Sedalia

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.

1928

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