

Aug 28 1928

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

Do not use this space.

28149

1. PLACE OF DEATH

County Teter  
Township Wesden  
City..... (No.....).....St.....Ward.....

Registration District No. 672  
Primary Registration District No. 5895

File No. 5  
Registered No. 5

2. FULL NAME

Joseph Huston McKeekin

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) July 17 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wesden Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER James F. McKeekin

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

12. MAIDEN NAME OF MOTHER Houston James

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

14. INFORMANT James F. McKeekin  
(Address) Wesden Mo

15. FILED Aug 5 1928 J. Travis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1928, to Aug 3 1928 (that I last saw him alive on Aug 2 1928, and that death occurred, on the date stated above, at 3,30 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage from birth injury

16/10/28 16/10/28 yrs. mos. da.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED do not know  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral dropsy  
(Signed) Chas. M. Neal, M. D.

\*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

Lamar Mo Aug 3 1928

20. UNDERTAKER B. J. Parker ADDRESS Lamar Mo

R. 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.

