

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

Do not use this space.

31169

1. PLACE OF DEATH

County Morgan
Township Mill Creek
City (No. _____) _____ St. _____ Ward _____

Registration District No. 971
Primary Registration District No. 5797R

File No. _____
Registered No. _____

2. FULL NAME

Nancy Angelina Keek

(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Keek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-4-1876
7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
52 | 2 | 3

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

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Keek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Ella Baughman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

14. INFORMANT Mr. Jessie Lewis
(Address) Kansas City, Mo

15. FILED 9/9 1928 O.E. Orby REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-7-1928

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to April 6, 1928 that I last saw him alive on April 8, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Dementia

920 900
1300 (duration) yrs. mos. da.
CONTRIBUTORY Albuminuria and edema
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. Dick, M. D.

(Address) Syracuse 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 Syracuse Cemetery DATE OF BURIAL 9-9-1928

20. UNDERTAKER Jewell E. Richard Lepton
2466

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.

NOV 22 1928

