

Missouri State Board of Health
St. Louis, Mo.
NOV 22 1928

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

Do not use this space.

34149

1. PLACE OF DEATH

County M=Boonville
Township Richwood
City (No. St. Ward)

Registration District No. 1167
Primary Registration District No. 5699

File No. _____
Registered No. 22

2. FULL NAME

Melissa Caroline Keeling

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Keeling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 10 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper.
(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) Virginia

10. NAME OF FATHER Thomas Habern

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

12. MAIDEN NAME OF MOTHER Gones

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

14. INFORMANT (Address) Mrs. Noah Bratten
Rocky Mount, Mo.

15. FILE NO. 31, 1928 Elyeth Elmouler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct - 2, 1928, to Oct - 17, 1928, that I last saw him alive on Oct - 15, 1928, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Strain
CONTRIBUTORY (SECONDARY) None

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) O. S. McCall, M. D.
, 19 (Address) Wheaton 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 Clark Cemetery DATE OF BURIAL 10-18 1928

20. UNDERTAKER Blountsanship ADDRESS Purdy,

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

