27 1928

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

Do not use this space.

36556

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
Township — Primary Registration District No. 4180 — Registered No.
City Union (No. St. Ward)

2. FULL NAME Sam McKeehan
(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. 8 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Oct 7 1855
7. AGE: Years 73 — Months 1 — Days 12 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Self
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Haven Mo
PARENTS
10. NAME OF FATHER: Wm McKeehan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Haven Mo
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "
14. INFORMANT: Mrs Needham (Address) St Louis Mo
15. FILED Nov 20 1928 E. A. Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Nov 19, 1928, that I last saw him alive on Nov 19, 1928, and that death occurred, on the date stated above, at 4:30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia
108
101A
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? County Infirmary
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Steinberger, M. D
Nov 20, 1928 (Address) Union 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: Nortman Cem — DATE OF BURIAL: 11-21 1928
20. UNDERTAKER: L. C. Fertig — ADDRESS: New Haven 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.