

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

Do not use this space.

1917

1. PLACE OF DEATH

County Jackson
Township Kenn
City Kansas

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 511
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1717 Euclid 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Keaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-5-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 8 16 2 15

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) Pinet Bluff
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Dora Turner

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

12. MAIDEN NAME OF MOTHER Dora Turner

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

14. INFORMANT Richard Keaton
(Address) 1717 Euclid

15. FILED 2-1-29 M M Cove last REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 31, 1929, that I last saw h. at alive on Jan 30, 1929, and that death occurred, on the date stated above, at 1:50 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia - pneumonia
1070
130

CONTRIBUTORY Acute nephritis
(SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS None

(Signed) A. T. Moore M. D.

1/31, 1929 (Address) 1572 N. 5th

*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 Highland Burial

DATE OF BURIAL Jan 2, 1929

20. UNDERTAKER A. T. Moore

ADDRESS 1572 N. 5th

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.

