

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

Do not use this space.

**9933**

**1. PLACE OF DEATH**

County Christian

Registration District No. 181

File No. ....

Township 1

Primary Registration District No. 1109

Registered No. ....

City Bellvue (No. ....)

St. .... Ward)

**2. FULL NAME**

George Lord Keast

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary Keast Keast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 - 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 89 11 16

**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 .....

9. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

10. NAME OF FATHER George Keast

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

12. MAIDEN NAME OF MOTHER Anna Harper

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

14. INFORMANT Mrs E D Hildebrand  
(Address) Bellvue Mo

Date March 28, 1929 Registrar E D Hildebrand

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1929

17. I HEREBY CERTIFY, That I attended deceased from March 20 1929, to March 25, 1929 that I last saw him alive on March 25, 1929, and that death occurred, on the date stated above, at 2 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
110  
1208 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic Colitis  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 110  
IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? DATE OF .....

20. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Brown M. D.

(Address) Bellvue 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 Cave Hill DATE OF BURIAL March 27 1929

20. UNDERTAKER A S Wallace ADDRESS Bellvue 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.

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1929

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