

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

1572 Do not use this space.

14419

MAY 25 1929

**1. PLACE OF DEATH**

County Linn Registration District No. 318 File No. 344  
 Township Springfield Primary Registration District No. 200 Registered No. 344  
 City Springfield (No. 14) Johns Ave. Springfield Mo. St. Mo. Ward 1

**2. FULL NAME**

(a) Residence. No. Willis E. (Wash.) Keithly St. Mo. Ward. Mo.  
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Keithly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 9 14

**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) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Willis E. Keithly

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Garner A. Keithly  
 (Address) Garner, Mo.

15. FILED 4-21 1929 For Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1929

17. I HEREBY CERTIFY That I attended deceased from Apr 2 1929 to Apr 21 1929  
 that I last saw him alive on Apr 21 1929, and that death occurred, on the date stated above, at 1:30 p.m.

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

1. Multiple abscess of lung  
 (duration) yrs. mos. da. 2 mos.  
 CONTRIBUTORY (SECONDARY) Influenza  
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No

20. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Robert Glynn, M. D.  
4/21 1929 (Address) Springfield Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Garnerville Mo. DATE OF BURIAL Apr 23 1929

20. UNDERTAKER Whechel. and Co ADDRESS Branson

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.

