

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

Do not use this space.

18495

1. PLACE OF DEATH

City Carthage (No.) Registration District No. 408
Towship Maxion Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

Henry Miller Keim
(a) Residence. No. 910 So. Main St. 4 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Ely Keim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>75</u>	<u>8</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Hardware Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Dealer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

10. NAME OF FATHER John Keim

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

12. MAIDEN NAME OF MOTHER Sarah Potter

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

14. INFORMANT Miss Lois Keim
(Address) 910 So. Main Carthage

15. FILED 5-20-29 C. W. Kerkow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to May 18, 1929 that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above, at 4:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) M.H.W.
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David Wise M. D.
, 19 (Address) Carthage 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 Beverly St. Louis DATE OF BURIAL 5/21 1929

20. UNDERTAKER Ulmer - Drake ADDRESS Carthage Mo

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

V. S. No. 2.

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.

MARGIN RESERVED FOR BINDING

2079

JUN 28 1929

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