68

JUL 26 1929

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

Do not use this space.

22094

1. PLACE OF DEATH

County Moniteau — Registration District No. 571 — File No.

Township Walker — Primary Registration District No. 4335 — Registered No. 37

City California (No. ..... St. ..... Ward)

2. FULL NAME Henry Keil

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	2	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Philip Keil

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

12. MAIDEN NAME OF MOTHER Baker

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

14. INFORMANT Frank Keil
(Address) California Mo

15. FILED 6-29 1929 James W. Roth
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-27, 1929, to 6-28, 1929 that I last saw him alive on 6-28-, 1929, and that death occurred, on the date stated above, at 2 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastritis

1928

1930

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1298

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. M. Gray, M. D

, 19 (Address) California 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	DATE OF BURIAL
Evangelical Cemetery California	June 30 1929

20. UNDERTAKER	ADDRESS
J. W. Wilson & Son	California

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.