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

Do not use this space.

39311

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..., ... St. ... Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 178

2. FULL NAME James Keogh
(a) Residence: No. County farm 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown

7. AGE: YEARS: about 74 MONTHS: DAYS: If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

PARENTS
10. NAME OF FATHER: / /
11. BIRTHPLACE OF FATHER (CITY OR TOWN): / /
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: / /
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): / /
(STATE OR COUNTRY)

14. INFORMANT: Bill Meschede
(Address) Marshall Mo

15. FILED 11-25, 1929 Mrs. John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1929, to Nov 20, 1929, that I last saw him alive on Nov 19, 1929, and that death occurred, on the date stated above, at 11.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma - gastric
HB
4 HCD
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. Payne, M. D.
11/21, 1929 (Address) Marshall

*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: Shackelford Cem
DATE OF BURIAL: Nov 22 1929

20. UNDERTAKER: L. R. Gardiner
ADDRESS: Marshall Mo.

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

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.