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

Do not use this space.

File No. 41479

Registered No.

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.

1. PLACE OF DEATH

County: Montgomery — Registration District No.: 591

Township: Prairie — Primary Registration District No.: 5789

City: Middletown (No. ..... St. ..... Ward)

2. FULL NAME: Cornelius Timothy Keithley

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 13, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: No definite occupation

(b) General nature of industry, business, or establishment in which employed (or employer): did various parts / work for short

(c) Name of employer: periods at a time.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Middletown Mo.

PARENTS

10. NAME OF FATHER: Pettis Keithley

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

12. MAIDEN NAME OF MOTHER: Nocia Abmer

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

14. INFORMANT: C. S. Keithley
(Address): Middletown Mo.

15. FILED: 1/20, 1929 — Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1929, to December 20, 1929 that I last saw him alive on December 18, 1929, and that death occurred, on the date stated above, at Dec. 20 5:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic intestinal obstruction (of small intestine)
(duration) 3 yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY): Cancer of duodenum or lower stomach (duration) uncertain mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: at home 46 B

Did an operation precede death? no Date of: 10 10 19

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. H. Damon Jr., M. D

2-20, 1929 (Address) Middletown 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
Middletown Cemetery	12-21 1929

20. UNDERTAKER	ADDRESS
F. W. Kuhne	Wellsville, Mo.