

JUN 25 1930

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

Do not use this space.

12447

1. PLACE OF DEATH

County Howell

Registration District No. 384

Township 11

Primary Registration District No. 5535-

City Moody, Mo. (No.)

File No. 46

Registered No.

St. Ward)

2. FULL NAME Mrs. S. E. Keywood

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. T. Keywood.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13th, 1868

7. AGE <u>63</u>	YEARS <u>7</u>	MONTHS <u>13</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elijah
(STATE OR COUNTRY) Ozark, Co.

PARENTS	10. NAME OF FATHER <u>Bud Taylor</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT A. T. Keywood
(Address) Moody, Mo.

15. FILED 4-26-30 1930 J. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-13-1930, to 4-26-1930, that I last saw him alive on 4-21-1930, and that death occurred, on the date stated above, at 10:30-7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis - Interstitial
Chronic colitis
131
936 (duration) 1 yrs. mos. ds.
120B
CONTRIBUTORY Chronic myocarditis
(SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. Claude Bohrer M. D.

4-26-1930 (Address) West Plains, 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 Moody. DATE OF BURIAL 4/27/30 19

20. UNDERTAKER Hal Thamburgh ADDRESS West Plains

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.

WRITE PLAINLY. UNWRADING INSTRUCTIONS IS A PERMANENT RECORD.

