

MAY 27 1930

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

Do not use this space.

13328

1. PLACE OF DEATH
 County Marion Registration District No. 547
 Township Mason Primary Registration District No. 30794
 City Hannibal (No. 211 South 7th) St. 3 Ward 3

2. FULL NAME Margaret Louise Keith
 (a) Residence. No. 211 South 7th St. 3 Ward 3
 (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.

File No. ~~88~~
 Registered No. 88
 St. 3 Ward 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Jacob Keith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 - 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Germany

PARENTS
 10. NAME OF FATHER Don't know
 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) " "

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3- 1930

17. I HEREBY CERTIFY, That I attended deceased from March 9th 1930 to April 3 1930 that I last saw her alive on April 3 1930 and that death occurred, on the date stated above, at 10:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
1930
 (duration) 1 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Circulatory failure
 (duration) 14 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 0
 DID AN OPERATION PRECEDE DEATH? No DATE OF -
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) Howard B. Goodrich, M. D.
43 1930 (Address) Howard B. Goodrich

*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.

14. INFORMANT Mrs. Emma Proff
 (Address) Hannibal Mo

15. April 7 1930 U. S. Causes
 REGISTRAR cx

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 4-6-1930
 20. UNDERTAKER Schwartz Funeral Home Hannibal Mo ADDRESS Hannibal Mo

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.

