

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

Do not use this space.

15207

**1. PLACE OF DEATH**

County Adair  
Township  
City Kirkville (No. ....)

Registration District No. 4  
Primary Registration District No. 3001

File No. ....  
Registered No. 77  
St. .... Ward)

**2. FULL NAME**

Rosalie Patee Keen  
(a) Residence. No. 913 N. Oliver St., ..... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lavern Keen</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-15-1906</u>					
7. AGE	YEARS <u>22</u> <u>34</u>	MONTHS <u>00</u>	DAYS <u>6</u>	IF LESS than 1 day, ..... hrs. or ..... min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>Kirkville</u> (STATE OR COUNTRY) <u>Missouri</u>					
PARENTS	10. NAME OF FATHER <u>John D. Young</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
	12. MAIDEN NAME OF MOTHER <u>Edith M. Muller</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
14. INFORMANT <u>Mrs. O. A. Newton</u> (Address) <u>913 N. Oliver Kirkville</u>					
15. FILED <u>5/23 1930</u> <u>W. Becker</u> REGISTRAR <u>deputy</u>					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21-1930

17. I HEREBY CERTIFY, That I attended deceased from May 19 1930 to May 21 1930 that I last saw him alive on May 21 1930 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary tuberculosis  
23A

(duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 31  
(duration) ..... yrs. .... mos. .... ds.

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab  
J. W. Martin M. D.  
5/23 1930 (address) Kirkville 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 <u>Stewyrs</u>	DATE OF BURIAL <u>5-23-1930</u>
20. UNDERTAKER <u>Dee Riley</u>	ADDRESS <u>Kirkville</u>

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.

WHILE SERVING WITH OUR ARMY IN FRANCE THIS IS A PERMANENT RECORD

JUN 24 1930

1930 5-21  
1906-8-15  

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