

AUG 20 1930

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

Do not use this space.

21892

## 1. PLACE OF DEATH

County *Bollinger*Registration District No. *67*

File No. ....

Township *Liberty*Primary Registration District No. *5704*Registered No. *17*

City (No. ....) (No. ....) St. .... Ward)

## 2. FULL NAME

*M. C. Keel*

(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 *36* yrs. *10* mos. *16* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Male*

## 4. COLOR OR RACE

*White*

## 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)

*Aug. 26, 1893*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

*36**10**16*

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Firman*

(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)

*Bollinger Co. Mo*

## 10. NAME OF FATHER

*M. C. Keel*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Bollinger Co Mo*

## 12. MAIDEN NAME OF MOTHER

*Josie Keel*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Bollinger Co. Mo*

## 14.

INFORMANT

(Address)

*Newton Hill*  
*Dongola, Mo.*

## 15.

FILED

*July 17 1930*  
*Ch. Sander*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

*July 12 1930*

## 17.

I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
that I last saw him alive on *July 12*, 19*30* and that death occurred, on the date stated above, at *3*, *10* m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Over Heat*

## CONTRIBUTORY (SECONDARY)

*194*

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Reuben Hill Brothers*, 19 (Address) *Dongola 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

*Dongola Mo**July 13 1930*

## 20. UNDERTAKER

ADDRESS

*Lloyd Morgan**Admance 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.

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