

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Franklin  
City Franklin

Registration District No. Rt. 1  
Primary Registration District No. Franklin  
(No. Franklin)

File No. 29615  
Registered No. 681  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1521 W. Elm St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.E. Keyms

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 8 23

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (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) Franklin, Mo.

10. NAME OF FATHER Thos. D. Waugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

12. MAIDEN NAME OF MOTHER Lois Wolf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

14. INFORMANT W.E. Keyms (Address) 1521 W. Elm

15. FILED 9-9-30 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8-30

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 9-8-30, 1930 that I last saw him alive on 9-8-30, 1930 and that death occurred, on the date stated above, at 1 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Scabies Mellitus

57 59 67 (duration) 5 yrs. mos. ds. CONTRIBUTORY (SECONDARY) Acidosis - Coma (duration) \_\_\_\_\_ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Ray D. Callaway M. D. 9/8-30 (Address) Franklin 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 Winton DATE OF BURIAL 9-10-30

20. UNDERTAKER Keyms Chapel W. K. K...

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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