

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

Do not use this space.

39946

65

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Lamar
Township Antler
City Antler (No. _____)

Registration District No. 490
Primary Registration District No. 6133
4283

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 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

MEDICAL CERTIFICATE OF DEATH

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930 to Dec 16, 1930 that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 6 15 2 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 - 1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7

Premature birth

8. OCCUPATION OF DECEASED

(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 _____

157
16/11/30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 7 ds.

9. BIRTHPLACE (CITY OR TOWN) Antler
(STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Earl Keesee

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. A. Holmes, M. D.

12. MAIDEN NAME OF MOTHER Emma Marguerite Jones

(Address) Antler

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

*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 Earl Keesee
(Address) Antler

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Summit Cemetery DATE OF BURIAL 12/16 1930

20. UNDERTAKER Phillips & Fossett ADDRESS Antler Mo.

REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 20 1931

January 10, 1931 W. J. Fulton

