

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6024

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 Township _____ Primary Registration District No. 2002 File No. _____
 2 City Joplin, Mo. (No. _____) St. _____ Ward _____
 Registered No. _____
 2. FULL NAME Mrs. Margaret Roberta Keith
 (a) Residence. No. 1719 Jackson St. Ward. _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Keith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25-1879

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<u>51</u>	<u>2</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Ho. wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 2.33
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chetopa, Mo.
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Thos. Daily

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

12. MAIDEN NAME OF MOTHER Martha Jane Perkins

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

14. INFORMANT Chas. E. Keith
 (Address) 1719 Jackson

15. FILED 77 19 31 Abner Wink
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 to Feb 5 1931
 that I last saw him alive on Feb 5 1931 and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
circumference of bronch
50
46E
 (duration) 5 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) lung metastasis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF Jan 4 31
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Reboration
 (Signed) Keith E. Keith M. D.
 (Address) Joplin 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 Mount Hope Cem. DATE OF BURIAL Feb 9 1931

20. UNDERTAKER Frank - Perkins ADDRESS Joplin Mo

