

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

Do not use this space.

10695

1. PLACE OF DEATH
 62 County Madison Registration District No. 538
 Township Falk Primary Registration District No. 3724
 City (No.) St. SL. Ward (No.)

2. FULL NAME Lottie Keasling
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 Marcus Keasling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>65</u>	<u>3</u>	<u>11</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-1, 1931, to 3-11, 1931 that I last saw her alive on 3-11, 1931, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
11A
108
 (duration) yrs. mos. ds. 10
 CONTRIBUTORY (SECONDARY) La grippe
 (duration) yrs. mos. ds. 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) 23.5
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF ①
 WAS THERE AN AUTOPSY.....

9. BIRTHPLACE (CITY OR TOWN) Iron Co. Mo. (STATE OR COUNTRY) 1

10. NAME OF FATHER Jonathan Milburn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. (STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Jane Sutton
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iron Co. Mo. (STATE OR COUNTRY) 1

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. Harry Borron, M. D.
3/11, 1931 (Address) Farmersville Mo.
 *State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Hy. Allen
 (Address) Bevers Mines Mo.

15. FILED 3-31-31 19... 21 C. M. Davis REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. Madison Mo. DATE OF BURIAL March 13 1931
 20. UNDERTAKER Ed. H. Webb, Fredericktown Mo. ADDRESS

COPY OF DEATH IN PL. 24 1931

