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.

JUL 22 1931

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

Do not use this space.

20467

File No.

Registered No.

1. PLACE OF DEATH

County Barry

Township Cappo creek

City (No. St. Ward)

Registration District No. 30

Primary Registration District No. 5041

2. FULL NAME Frank Keuchel

(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

3. SEX M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1867

7. AGE YEARS 63 MONTHS 8 DAYS 30 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

FATHER

13. NAME Fredrick Keuchel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 19

MOTHER

15. MAIDEN NAME Kathyn Walbski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

17. INFORMANT (ADDRESS) Mrs Frank Keuchel - Brice field mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brice field mo. DATE June 25 1931

19. UNDERTAKER (ADDRESS) Wm Wessell Pence City mo.

20. FILED 6-24 1931 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16 1931, to June 23 1931 I last saw him live on June 23 1931. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Lymphatic Leucemia

72A

Date of onset

Other contributory causes of importance:

72A

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Poor M. D., M. D.

(Address) Wheaton Mo