

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

Do not use this space.

22360

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 12032
City Sedalia (No. 644 E 12th) St. _____ Ward _____

File No. _____
Registered No. 183
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 644 E 12th 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel G. Keith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10, 1894</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>9</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
FATHER	13. NAME <u>Wm Tolson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 31</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Showers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 31</u>	
17. INFORMANT <u>Samuel Keith</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Map Franklin</u> DATE <u>6/10</u> 19 <u>31</u>		
19. UNDERTAKER <u>J. J. Fore</u> (ADDRESS) <u>Sedalia Mo</u>		
20. FILED <u>6-9</u> , 19 <u>31</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931

22. I HEREBY CERTIFY That I attended deceased from Oct 20, 1931, to June 7, 1931
I last saw her alive on June 7, 1931. Death is said to have occurred on the date stated above, at 8:15 AM
The principal cause of death and related causes of importance were as follows:
starvation due Date of onset 4 years ago
1200 neuro-colitis
& adhesions
Other contributory causes of importance:
four abdominal operations 4 years ago
lost one eye Date of onset ago
What was confirmed diagnosis? autopsy Was there an autopsy? yes

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 1
(Signed) Frank R. Moley, M. D.
(Address) Sedalia Mo

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 28 1931

