

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

Do not use this space.

31115

1. PLACE OF DEATH

County Howard
Township Frankford
City Fayette (No.)

Registration District No. 878
Primary Registration District No. 4222

File No.
Registered No.
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 11 yrs. mos. 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

OCCUPATION	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
	<u>male</u>	<u>White</u>	<u>Widower</u>		
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Miller</u>				
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1, 1866</u>				
	7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>65</u>	<u>6</u>	<u>14</u>	
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurant</u>				
	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) <u>at home</u>			11. Total time (years) spent in this occupation <u>11</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo.</u>				
FATHER	13. NAME <u>John Keester</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	15. MAIDEN NAME <u>Helen Mitchell</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	17. INFORMANT <u>Mrs. Vera M. Clinck</u> (ADDRESS) <u>Glasgow Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>9-16</u> 19 <u>31</u>					
19. UNDERTAKER <u>W. R. Anderson</u> (ADDRESS) <u>Washington Mo.</u>					
20. FILED <u>9-30</u> 19 <u>31</u> <u>W. C. Brigham</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15 1931

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19.... Death is said to have occurred on the date stated above, at 7 A. m. at home. The principal cause of death and related causes of importance were as follows: suicide
Frank Carbolic Ac.
163-0
163

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 19....
Where did injury occur? Fayette Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. R. Anderson's Coroner (Signed) M. D.
(Address) Glasgow Mo

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.

OCT 3 1931

