

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

Do not use this space.

31689

1. PLACE OF DEATH

County Laclede Registration District No. 449
Township Primary Registration District No. 4067
City Lebanon mo (No.) St. Ward)

File No.
Registered No. 1653

2. FULL NAME Levona Keen

(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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12-1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Laclede Co mo

13. NAME Guy Keen

14. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Lebanon mo

15. MAIDEN NAME Ans Dallas

16. BIRTHPLACE (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Webster Co mo

17. INFORMANT Guy Keen
(ADDRESS) Lebanon

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon County of 91 19. 31

19. UNDERTAKER Holzmann Stewart
(ADDRESS) Lebanon mo

20. FILED 921 19. 81 J. M. Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 - 1931 to Sept 20 - 1931
I last saw her alive on Sept 20 1931. Death is said to have occurred on the date stated above, at 5:1 m.

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

Cholera subacuta Date of onset 9-10-1931

119A
158 119

Other contributory causes of importance:
Battle bed unsanitary surroundings

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? no

If so, specify

(Signed) J. T. Caary, M. D.

(Address) Lebanon 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.

OCT 24 1931

