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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 3 1931

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

Do not use this space.

1. PLACE OF DEATH
County Johnson — Registration District No. 421 — File No. 38098
Township Warrensburg, — Primary Registration District No. 3023 — Registered No.
City Warrensburg (No. , St. Ward)

2. FULL NAME Turner S Keith
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Keith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25. 1882

7. AGE: YEARS 49 — MONTHS 5 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Johnson Co, Mo

FATHER
13. NAME Leslie Keith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co, Mo

MOTHER
15. MAIDEN NAME Ruth Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co, Mo

17. INFORMANT (ADDRESS) Courtney Keith Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg, Mo DATE Nov. 18. 1931

19. UNDERTAKER (ADDRESS) S. R. Sweeney, Warrensburg, Mo

20. FILED Nov 18 1931 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16. 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Self inflicted wound across throat with razor causing death from Hemorage

168
103 B
168

Other contributory causes of importance:

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? suicide Date of injury , 19
Where did injury occur? in his barber shop Warrensburg, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in barber shop
Manner of injury incision across throat
Nature of injury cut through jugular vein

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Edward Andruss, M. D.
(Address) Holden Mo, Coroner Johnson Co