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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 41798-a
Township — Primary Registration District No. 3032 — Registered No. 3
City Sedalia (No. 102 W. Main St. Ward)

2. FULL NAME John James Keever
(a) Residence No. 1009 E 5 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Keever
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1847.
7. AGE Years 64 Months 7 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 82
10. Date deceased last worked at this occupation (month and year) 12/31/31
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ill.

FATHER
13. NAME (unk) Keever
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know.

MOTHER
15. MAIDEN NAME Mc Cellough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Mrs. J. J. Keever 1009 E 5th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Kans DATE 1-1- 1932

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Kans

20. FILED 1-1- 1932 J. L. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Dec 31, 1931
I last saw him alive on Dec 31, 1931. Death is said to have occurred on the date stated above, at 11 15 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy Cerebral Instant
This patient has been treated past four years for diabetes
Other contributory causes of importance:
Mellitus and albuminuria
59
Name of operation No. Date of
What test confirmed diagnosis? Laboratory Cancel No. 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? ✓
If so, specify
(Signed) C. A. Trader, M. D.
(Address) 112 W 4 St Sedalia Mo.