

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

Do not use this space.

41979

1. PLACE OF DEATH

County St. Francois Registration District No. 772
Township _____ Primary Registration District No. 4463
City Elgin MO (No. _____) St. _____ Ward _____

File No. 804
Registered No. 25

2. FULL NAME

(a) Residence, No. Elgin Mo. 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 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 Keay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1968

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. feed runner

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) 1925 11. Total time (years) spent in this occupation 38 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Wm. Keay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Emaline Beard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) Mrs. John Keay

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnwood DATE Dec. 26, 1931

19. UNDERTAKER (ADDRESS) Caldwell Bros. 1st River mo.

20. FILED Jan. 18, 1931 Elgin E. Thitard Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931 to Dec 25, 1931
I last saw him alive on Dec 24, 1931 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Acute Dilatation of the heart
92A/31
93C/31

Other contributory causes of importance:
Ar. myocardi
Endocarditis
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) W. J. Keay, M. D.
(Address) Elgin 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.

2-19-32

