

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

Do not use this space.

Dr. Crane 789
File No. _____
Registered No. 78
St. _____ Ward _____

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township _____ Public Registration District No. 2001
5 City Springfield (No. Mo. Springfield)
2. FULL NAME Meris E. Keith
(a) Residence No. 725 2nd 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 OF RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 20 June 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 7 8
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ice dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 155
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
10. NAME OF FATHER M. B. Keith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Ernest Philander
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Meris E. Keith
(Address) 725 2nd St.
15. FILED 1-29-32 Lois Thayer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1932
17. I HEREBY CERTIFY, That I attended deceased from 1-2-, 1932, to 1-28, 1932. that I last saw him alive on 1-27, 1932, and that death occurred, on the date stated above, at about 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Septicemia
2/11/31
2/31 (duration) yrs. mos. ds. about 15 ds.
CONTRIBUTORY (SECONDARY) Had badly infective teeth
extracted (duration) yrs. mos. ds. 384 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
2 DID AN OPERATION PRECEDE DEATH opening his pockets DATE _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) J. V. R. Crane M. D.

11/29, 1932 (Address) 519 1/2 College
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn DATE OF BURIAL Aug 31 1932
20. UNDERTAKER W. Thayer ADDRESS Springfield 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.

FEB 24 1932

