

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

Do not use this space.

1696

File No. _____
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH
59 County Burke Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) _____
2. FULL NAME Francis B McKeune
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-11-1912
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 5 27
20
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-10 1932
17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Jan 10, 1932 that I last saw h. a. alive on Jan 9, 1932 and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
3 (duration) yrs. 6 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Chillicothe Mo (STATE OR COUNTRY) _____
10. NAME OF FATHER John W McKeune
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Burke Mo
12. MAIDEN NAME OF MOTHER Fannie Baxter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

CONTRIBUTORY (SECONDARY) Hemorrhage (duration) yrs. mos. ds. one hour

18. WHERE WAS DISEASE CONTRACTED (3)
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS X-Ray
(Signed) M. B. Bennett, M. D.
Jan 12, 1932 (Address) Chillicothe Mo

14. INFORMANT Mrs Fannie McKeune (Address) Chillicothe Mo
15. FILED Jan 11 1932 R. Barney REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edgewood Cem DATE OF BURIAL Jan. 12, 1932
20. UNDERTAKER Gas D Gordon ADDRESS Chillicothe Mo

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

