

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

Do not use this space.

**1. PLACE OF DEATH**

36

County Franklin  
Township Boeuf  
City                      (No.                     )

Registration District No. 292  
Primary Registration District No. 5410

File No. 4254  
Registered No.                      St.                      Ward                     

**2. FULL NAME**

Sabe M'Keegan

(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 1 yrs.                      mos.                      ds. How long in U. S., if of foreign birth?                      yrs.                      mos.                      ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9 29 1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nothing</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>	
	11. Total time (years) spent in this occupation <u>all</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Mo</u>		
FATHER	13. NAME <u>John M'Keegan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Byd Smith</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newblair</u> DATE <u>2-23-1932</u>		
19. UNDERTAKER (ADDRESS) <u>L. B. Derby</u>		
20. FILED <u>2/23-1932</u> <u>J. P. Wheeler</u> Registrar		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Don't know

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .

I last saw him alive on Feb 1, 1932 Death is said to have occurred on the date stated above, at                      m.

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

Date of onset                     

Other contributory causes of importance:  
Found three weeks later in a tent on mo. River

Name of operation                      Date of                     

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? normal 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) R. H. S. P. Hoff Carroll  
(Address) Franklin 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 22 1932

