

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

Do not use this space.

4517

1. PLACE OF DEATH *Jackson*
 County *Madison* Registration District No. *398*
 Township *Bluff* Primary Registration District No. *3019*
 City *Jacksonville* No. _____ St. _____ Ward _____

2. FULL NAME *Permelia O Keeney*
 (a) Residence, No. *910 South Main* St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *21* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. *80*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Keeney</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 19, 1848</i> | | |
| 7. AGE | YEARS <i>83</i> | MONTHS <i>10</i> |
| | | DAYS <i>10</i> |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Blountington 2</i> <i>Miss</i> | | |
| FATHER | 13. NAME <i>Thomas Sawidge</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Boonville</i> <i>Kentucky</i> | |
| MOTHER | 15. MAIDEN NAME <i>Amanda Moore</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jackson</i> <i>Ohio</i> | |
| 17. INFORMANT <i>E. Spencer</i> (ADDRESS) <i>Independence</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Elmwood</i> DATE <i>May 2</i> 19 <i>32</i> | | |
| 19. UNDERTAKER <i>Ott & Mitchell</i> (ADDRESS) <i>Independence Mo</i> | | |
| 20. FILED <i>May 2</i> 19 <i>32</i> <i>F. C. Cook</i> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29*, 19*32*

22. I HEREBY CERTIFY That I attended deceased from *July 19*, 19*32* to *July 29*, 19*32*
 I last saw him alive on *July 27*, 19*32*. Death is said to have occurred on the date stated above, at *9:00* m.
 The principal cause of death and related causes of importance were as follows:
82B
82D *Cerebral Thrombosis*
 Other contributory causes of importance: *Paralysis*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *1* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *1* 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 *1*
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *E. Spencer*, M. D.
 (Address) *Independence Mo*

MARGIN RESERVED FOR BINDING

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.

JUN 28 1932

V. S. No. 2

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