

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

Do not use this space.

7834

**1. PLACE OF DEATH**

25 County Clinton  
Township Lafayette  
City (No. ....) St. .... Ward .....

Registration District No. 210  
Primary Registration District No. 3-289

File No. 8  
Registered No. 2  
St. .... Ward .....

**2. FULL NAME**

Mary Elizabeth Keris

(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**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. E. Keris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 5 15

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME Andrew Boyer 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry 2

15. MAIDEN NAME Katharine Keris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT J. E. Keris  
(ADDRESS) Clinton mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE freeman Chapel DATE Mar 25 1932

19. UNDERTAKER F. E. Keris  
(ADDRESS) Stewartsville mo.

20. FILED Mar 28 1932 John J. Keris  
Registrar.

**7 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1932, to Mar 23, 1932. I last saw her alive on Mar 22, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

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

Lobar pneumonia Date of onset Mar 15 1932

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. E. Keris, M. D.  
(Address) Stewartsville mo.

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.

APR 23 1932





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