

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

Do not use this space.
11328

1. PLACE OF DEATH
 106 County Lancy Registration District No. 859
 Township Oliver Primary Registration District No. 6130
 City Halesburg (No. _____) St. _____ Ward _____

2. FULL NAME Joy Belle Keener
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-12-1917</u>				
7. AGE	YEARS <u>15</u>	MONTHS <u>0</u>	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>Keener Ark.</u>				
MOTHER	13. NAME <u>M M Keener</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT <u>King Goss</u> (ADDRESS) <u>Paint Shop Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harrison Ark.</u> DATE <u>3/19</u>				
19. UNDERTAKER <u>Rochester</u> (ADDRESS) <u>Lawson</u>				
20. FILED <u>3/17 1932</u> <u>Pa Thornhill</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 17, 1932
 I last saw her alive on March 17, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Pneumonia</u>	Date of onset: <u>3/13/32</u>
<u>Influenza</u>	<u>3/10/32</u>

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Harry J. Evans, M. D.
 (Address) Holtville 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.

APR 30 1932

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