

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

Do not use this space.

12570

1505

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Blue Primary Registration District No. _____
City Keokuk City, Leeds V. B. Hospital St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1109 Tracy 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Febr - 12 - 19 11</u>		
7. AGE YEARS	MONTHS	DAYS
<u>21</u>	<u>1</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>skil mill worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>53</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932, to Apr 9, 1932

I last saw him alive on April 8, 1932. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Pulmonary tuberculosis Date of onset Feb 29 1931

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 _____, 1932

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. B. [Signature] M. D.
(Address) Keokuk City, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Elmer Nelson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Effie Adams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>J. B. Hospital</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>4-11</u> , 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. C. P. Joster</u> <u>918 Crocker, Ave.</u>
	20. FILED <u>4/19</u> 19 <u>32</u> M. M. <u>Quinn</u> Registrar

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.

1950-1951
#519 *W. B. B.* -Vi-9224
Wa-3487

2-30-51