

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

Do not use this space.

14637

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 793
City St. Louis (No. Deaconess Hospital)

File No.
Registered No. 4026
St. Ward)

2. FULL NAME

Margaret H. Mary Keith
(a) Residence, No. 533 Hamilton St., 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
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) Brooklyn N.Y.

MOTHER 13. NAME Richard DeLise

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Elizabeth Puffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Marion Keith 533 Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Farmington Mo 4-27-32

19. UNDERTAKER (ADDRESS) Joe Diemer 71st Park Mo

20. FILED APR 25 1932 W. A. Starke Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-32

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 24, 1932

I last saw her alive on 24th April, 1932 Death is said to have occurred on the date stated above, at 100 m.

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

Pancreatitis suppurative

170 1210 / 88

Other contributory causes of importance:
Exploratory laparotomy & drainage of gall bladder and pancreas

Name of operation E. B. drainage Date of 4-22-32
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) John E. Murfit, M. D.
(Address) 940 7th Bldg. Je 0021

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.

Heimer