

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

Do not use this space.

**24230**

**1. PLACE OF DEATH**

County..... Registration District No. **178**  
 Township..... Primary Registration District No. **100NS**  
 City **St. Louis** (No. **6329 Woodland Ave.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **6344**

**2. FULL NAME AURA J. KEENEY**

(a) Residence, No. **6329 Woodland Ave.**, St. **7** Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **28** 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) **single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10, 1903**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>29</b>	<b>1</b>	<b>1</b>	<b>28</b>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stenographer 253**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Farm implement Manufacturing**  
 10. Date deceased last worked at this occupation (month and year) **Jan. 1932** 11. Total time (years) spent in this occupation. **6**

12. BIRTHPLACE (CITY OR TOWN) **Des Moines, Iowa** (STATE OR COUNTRY)

FATHER  
 13. NAME **Sherman G. Keeney**

14. BIRTHPLACE (CITY OR TOWN) **Des Moines, Iowa** (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME **Mary A. Johnston**

16. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY)

17. INFORMANT **Karl P. Keeney** (ADDRESS) **6329 Woodland Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **July 11, 1932**

19. UNDERTAKER **Alexander and Sons** (ADDRESS) **6125 Delmar**

20. FILED **JUL -9 1932** **Max C. Starkey** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 28, 1932**, to **July 8, 1932**

I last saw her alive on **July 8, 1932** Death is said to have occurred on the date stated above, at **2:35** p. m.

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

**Chronic Bronchitis** Date of onset **Jan. 1931**

Other contributory causes of importance:  
**1066 / 1066**

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) **P. C. Barnwell, M.D.**, M. D.  
 (Address) **6312 Washington**

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.

