

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

Do not use this space.

27127

1. PLACE OF DEATH

92 County St. Charles
Township Femme Osage
City..... (No.....)

Registration District No. 913
Primary Registration District No. 5996B

File No. 9
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Julia Francis Keithly
(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 1 mo. 1 ds. 25 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. W. Keithly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1895 1858
7. AGE 74 YEARS 1 MONTHS 25 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) St. Charles, Co. 1

FATHER 13. NAME Jasper McConick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER 15. MAIDEN NAME Elizabeth Jane Daret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Co. 1

17. INFORMANT (ADDRESS) M. W. Keithly

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE aug. 12 1932

19. UNDERTAKER (ADDRESS) Morris Muschary

20. FILED 8-22 1932 O. R. Bence Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Aug 11, 1932.
I last saw her alive on Aug 8, 1932. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Arterio Sclerosis
97 97 1
Date of onset _____

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. H. Hamilton, M. D.
(Address) St. Charles, Mo.

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.

SEP 9 6 1932

WWW.CERTIFICATE-ON-DEATH-1932-THIS-IS-A-PERMANENT-RECORD

