

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3430**) **S. Jefferson**

File No.
Registered No. **27542**
St. Ward **7357**

2. FULL NAME

(a) Residence, No. St. **24** Ward **Crystal City Mo**
(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 Male	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 Lydia Keyton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1873		
7. AGE	YEARS	MONTHS
	59	3
		DAYS
		12
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60	
	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) **8-9-32**, 19
22. **No physician attended deceased from**
....., 19....., to **attendance**
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **4:40 a.m.**

The principal cause of death and related causes of importance were as follows:
Tetanus following
fraying wound of left side of chest from weed while fishing at Crystal City, Mo.
Other contributory causes of importance:
22 1/2
8-10-32 Accidents

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	13. NAME John T. Keyton
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
	15. MAIDEN NAME Emeline Hindman
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	17. INFORMANT (ADDRESS) Lydia Keyton Crystal City Mo.
BURIAL, CREMATION, OR REMOVAL	18. PLACE Rockwood Ill
	DATE 8-11-32
19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 226 N. 4th St. St. Louis	
20. FILED 10 1932	REGISTRAR J. W. Fenner

Name of operation..... Date of.....
What test confirmed diagnosis? **(S) (7)** 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 **7-30-32**
Where did injury occur? **Crystal City Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **public place**
Nature of injury **fraying wound chest**
Tetanus
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify **J. W. Fenner, M.D.**
(Signed) **8/9/32**
(Address) **Sup. Coroner**

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.

COUPON TO

(ISSU

Burial Permit No. 155 Regl

Name of Deceased F. J. O.

Sex M; Color W; Age

Place of Death Albany, Ill.

Cause of Death Pneum