

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

Do not use this space.

2833

1. PLACE OF DEATH

County Randolph Registration District No. 785
 Township Sugar Creek Primary Registration District No. 3094
 City Moberly (No. Woodland Hospital) St. 2nd Ward)

2. FULL NAME Mrs. Mary Elizabeth McKeen

(a) Residence. No. Salisbury, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Salisbury, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER A. O. Prescott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salisbury, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salisbury, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Walter Prescott
 (Address) Salisbury, Mo.

15. FILED 1/3 1933 Thos. Fleming, Mo.
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 - 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1932, to Jan. 2, 1933.
 that I last saw her alive on Jan. 2, 1933, and that death occurred, on the date stated above, at 9:38 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Breech presentation of hydrocephalic child.
14 1/2 (duration) yrs. mos. ds.
 CONTRIBUTORY Influenza (SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Salisbury, Mo.
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec. 12/32
 WAS THERE AN AUTOPSY? X
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. D. Stretton, M. D.
Jan. 2, 1933 (Address) Moberly, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salisbury, Mo. DATE OF BURIAL Jan. 4 1933

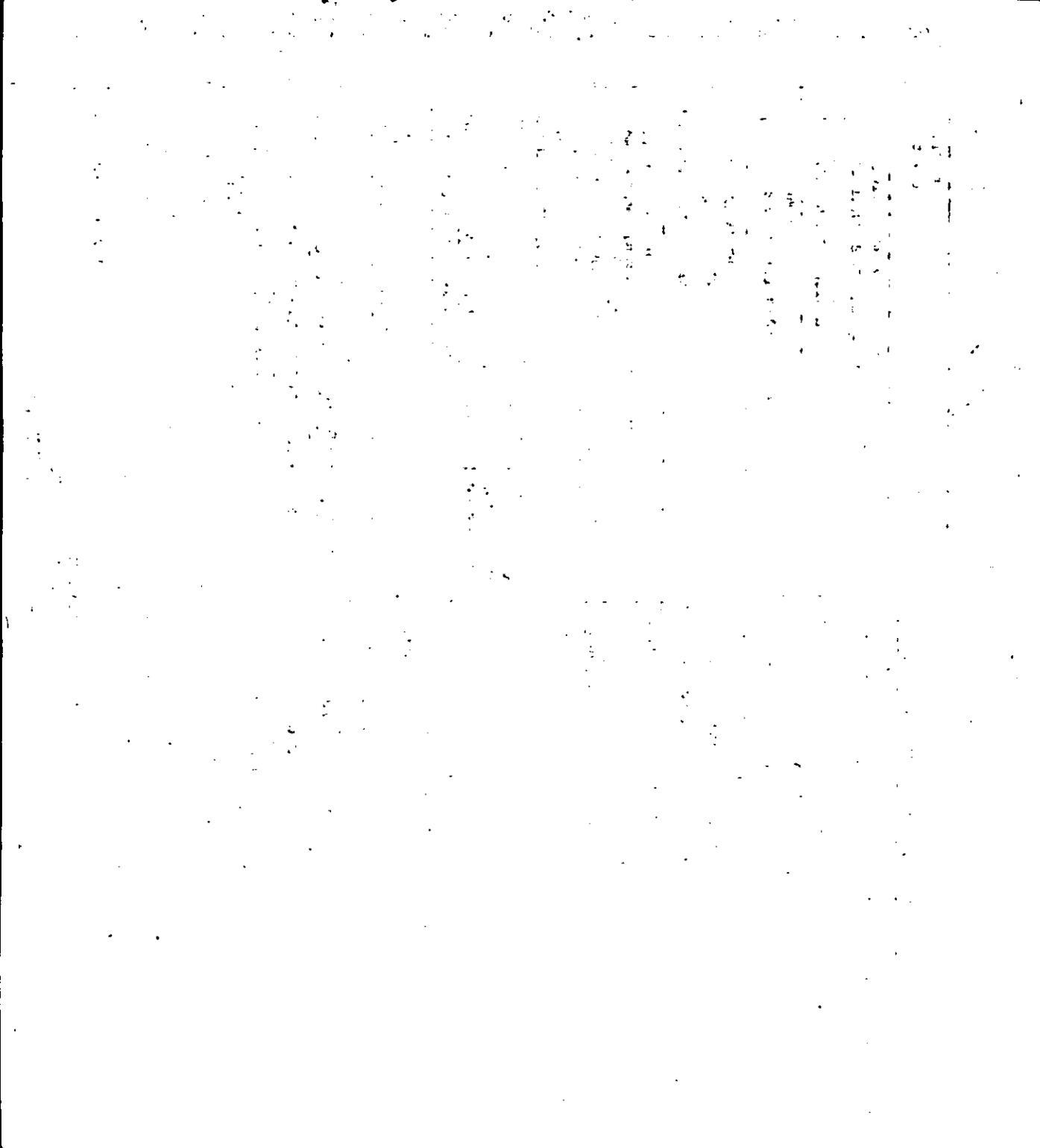
20. UNDERTAKER Wendel Meyer ADDRESS Moberly, Mo.

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.

1933

2-25

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**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 2034
City Meriden (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____, Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/16, 1933 Thos. J. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-2833