

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

Do not use this space. ✓

1. PLACE OF DEATH

County Jackson

Registration District No. 400

File No. 6082

Township Prarie

Primary Registration District No. 5553B

Registered No. 21

City Raytown Hickman Mills

St. _____

Ward) _____

2. FULL NAME Harvey H. McKeever (McKeever)

(a) Residence, No. _____ 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1868

7. AGE

YEARS 64

MONTHS 1

DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Raytown, Mo.

FATHER

13. NAME James B. McKeever

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Storms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Md.

17. INFORMANT (ADDRESS) Mo Lon Brien Hickman Mills, Mo.

18. BURIAL, CREMATION, OR REMOVAL Brooking Cem. DATE Feb. 2, 1933

19. UNDERTAKER (ADDRESS) Fields - James Res Summit, Mo.

20. FILED 2-1- 1933 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to Feb. 1, 1933

I last saw him alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 12 A.M.

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

Terminal Uremia
Chronic Interstitial Nephritis
Generalized Atherosclerosis

Date of onset Jan 27

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Physic 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) Wm J. Fields, M. D.

(Address) 843 - Jess Summit, 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.

APR 22 1933

