

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

Do not use this space.

6137

1. PLACE OF DEATH

49 County Gasper. Registration District No. 405
 5 Township _____ Primary Registration District No. 3020
 7 City Carthage, Mo. (No. McLure - Brooks Hospital Registered No. _____ Ward _____)

2. FULL NAME

Stattie May Keeper
 (a) Residence, No. Road R.R. #3 St. _____ Ward _____
 (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. (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) Robert G. Keeper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8 - 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 None 8
 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) Sarcoxie (STATE OR COUNTRY) Missouri

13. NAME Edgar Neathery
 14. BIRTHPLACE (CITY OR TOWN) Sarcoxie (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Viola Garber
 16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

17. INFORMANT Robert Keeper (ADDRESS) Sarcoxie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie DATE Feb 1933

19. UNDERTAKER Wesley Cole (ADDRESS) Sarcoxie, Missouri

20. FILED 2/17 1933 E. H. Ketchum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 - 15 - 1933, to 2 - 15 - 1933

I last saw her alive on 2 - 15 - 1933. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Puerperal Toxaemia
due to child following child birth
 Date of onset 1-22-33

Other contributory causes of importance:
140A/150A

Name of operation Wentury night Date of 2-15-33
 What test confirmed diagnosis? outlet 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) H. B. K. Sarcoxie, Mo. M. D.
 (Address) _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 12 1958

JUL 29 1952