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 21 1933

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

Do not use this space.

9166

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 213

3 City Springfield (No. , St Johns Hosp St. Ward)

5

2. FULL NAME Rachel Steward Carey Keasling

(a) Residence, No. 426 W. Scott St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

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 Jacob Christian Keasling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1894

7. AGE: YEARS 38 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Feb. 28, 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwich England

FATHER

13. NAME Fredrick Carey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwich England

MOTHER

15. MAIDEN NAME Sarah Nettell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT (ADDRESS) Jacob C Keasling 426 W Scott

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belt Lake C. DATE March 14, 1933

19. UNDERTAKER (ADDRESS) F C Thieme Springfield Mo

20. FILED 3-5 1933 Ralph W Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 4, 1933

I last saw her alive on March 4, 1933. Death is said to have occurred on the date stated above, at 7:50 p.m.

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

	Date of onset
Meningitis -	3/4/33
79A Pneumococcic	
104B 79A	

Other contributory causes of importance: Had sinusitis for several years. Operation on sinuses in Salt Lake City in 1928

Name of operation none — Date of

What test confirmed diagnosis? Lumbar puncture — 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, 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? no

If so, specify

(Signed) Guy D Callaway, M. D.

(Address) Springfield Mo