

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

Do not use this space.

9482

**1. PLACE OF DEATH**

County Jackson

Registration District No. 300

File No. \_\_\_\_\_

Township Man

Primary Registration District No. \_\_\_\_\_

Registered No. 1072

City Kennett City (No. Kennett City General Hosp.)

Ward \_\_\_\_\_

St. \_\_\_\_\_ (If nonresident, give city or town and State)

**2. FULL NAME**

(a) Residence, No. 2744 Jarber St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1888

7. AGE YEARS 48 MONTHS 9 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Illman

13. NAME John Keys

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

15. MAIDEN NAME Maggie Foster

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

17. INFORMANT (ADDRESS) Richard L. Foster, 1111 General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Mar 7 1933

19. UNDERTAKER (ADDRESS) Mrs. L. Foster

20. FILED 3-5-33 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1933, to 3-4, 1933

I last saw him alive on 3-4, 1933. Death is said to have occurred on the date stated above, at 2:00 p. m.

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

Milium Tuberculosis Date of onset \_\_\_\_\_

3017 32 B

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Bennett, M. D.

(Address) 1111 General Hospital

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.

