

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.

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

Do not use this space.

1. PLACE OF DEATH

County DekeRegistration District No. 689

Township

Primary Registration District No. 3033City Louisiana (No. 810 So Carolina)File No. 10659

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 810 So Carolina 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write</u> the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen Francis Keys6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-58

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1, day, hrs. or min.
	<u>74</u>	<u>3</u>	<u>20</u>	

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

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) St Scott Kans13. NAME Oliver Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?)15. MAIDEN NAME Samantha Keys16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Ky17. INFORMANT Mr Herman Keys Mo
(ADDRESS) Louisiana

18. BURIAL, CREMATION, OR REMOVAL

PLACE Louisiana Mo DATE 2/29 3319. UNDERTAKER J. H. Haley Jr Mo
(ADDRESS) Louisiana20. FILED 2/29 1933 J. H. Haley Jr
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 28 3322. I HEREBY CERTIFY, That I attended deceased from January, 1932, to March 28, 1933I last saw her... alive on March 27, 1933. Death is saidto have occurred on the date stated above, at 1:20 AM.

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

Terminal Pneumonia 4 years
1074 3/26/3371A / 07A
152B

Other contributory causes of importance:

Perniciou Anemia 4 yrs ago
Acidobitus Meas. (Sacral Injury)Name of operation None Date of _____What test confirmed diagnosis Clinical Was there an autopsy? No23. 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) Robert L. Audrae _____, M. D.(Address) Louisiana Mo

