

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

Do not use this space.

10884

1. PLACE OF DEATH

County ST. FRANCOIS
Township RANDOLPH
City 7 MILE NORTH - DESLORE, U.S. HIGHWAY 61 (No. _____)

Registration District No. 779
Primary Registration District No. 6024A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1226 South 14th St. St. Louis, Missouri Ward. St. Louis, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Transier mos. _____ 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1903
7. AGE YEARS 29 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chassis line
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (month and year) August, 1932
11. Total time (years) spent in this occupation. 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hick, Missouri

13. NAME Frank Keen

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

15. MAIDEN NAME Laura Miller

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

17. INFORMANT (ADDRESS) Silda Keen - Sister 1407 Dolman St. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harley Mo DATE 4-1 1933

19. UNDERTAKER (ADDRESS) O. J. Boyer 1214 Lodge No.

20. FILED 3-30-1933 R. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933, to _____, 19____.

I last saw h. live on instant death, 19____. Death is said to have occurred on the date stated above, at 11 P. m.

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

Coroner Verdict, find the accused cause of the death by being struck by automobile driven by Floyd Simmons, unavoidable accident;

Other contributory causes of importance:

2:00 AM
2:10

Name of operation _____ Date of _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 3/29, 1933

Where did injury occur? 7 Mile North of Deslore, Mo. U.S. Highway 61 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Automobile

Nature of injury Fracture Skull, Neck + Shoulder

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Willa Cozear Coroner
(Address) Farm 7th and

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

APR 24 1933

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