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

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.

~~16234A~~

File No. ~~16110-21~~

Registered No. 17

1. PLACE OF DEATH

County Greene — Registration District No. 316

Township Boone — Primary Registration District No. 4191

City Ash Grove (No. ..... St. ..... Ward)

2. FULL NAME John Paul Keck

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

Length of residence in city or town where death occurred yrs. 5 mos. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5/24/1932

7. AGE YEARS — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ash Grove Mo

FATHER

13. NAME J. G. Keck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallis County

MOTHER

15. MAIDEN NAME Viola Yates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County

17. INFORMANT (ADDRESS) J. G. Keck

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kelley DATE 5/6 1933

19. UNDERTAKER (ADDRESS) Tingdon-Morris-Leiman Ash Grove Mo.

20. FILED 8/5 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 5, 1933

I last saw him alive on May 5, 1933 Death is said to have occurred on the date stated above, at 8-10 P.m.

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

Croupous Pneumonia — Date of onset 5/1/33

Other contributory causes of importance: Whooping Cough

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) H. K. Cowen, M.D.

(Address) Ash Grove Mo.