

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

Do not use this space.

19522

1. PLACE OF DEATH

41 County Harrison Registration District No. 340
 Township Dallis Primary Registration District No. 5482
 City Monticello (No. _____) St. _____ Ward _____

2. FULL NAME

Riley P. Keetch
 (a) Residence, No. _____ 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 (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry William Keetch</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1835 Sept 3</u> | | | | |
| 7. AGE | YEARS <u>97</u> | MONTHS <u>9</u> | DAYS <u>1</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____ | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u> | | | |
| | 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) <u>Pennsylvania</u> | | | | |
| FATHER | 13. NAME <u>Theron Newberry</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Mo</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth Chaplin</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Mo</u> | | | |
| 17. INFORMANT <u>Daniel Keetch</u> (ADDRESS) | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley Chappel</u> DATE <u>June 5</u> , 19 <u>53</u> | | | | |
| 19. UNDERTAKER <u>W. G. Hobbs</u> (ADDRESS) <u>New Hanover</u> | | | | |
| 20. FILED <u>July 6</u> , 19 <u>53</u> <u>[Signature]</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1953

22. I HEREBY CERTIFY, (That I attended deceased from May 1, 1953 to June 4, 1953)
 I last saw him alive on June 1, 1953 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Diastolic sclerosis
97
 Other contributory causes of importance: 131

| | |
|---------------|--|
| Date of onset | |
|---------------|--|

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Lewis H. Laury, M. D.
 (Address) Dont Mo

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.

III 22 1953

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