

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

Do not use this space.

**22094**

**1. PLACE OF DEATH**

105 County Sullivan  
Township Pease  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 849  
Primary Registration District No. 6114

File No. \_\_\_\_\_  
Registered No. 14

**2. FULL NAME**

Mrs. Hattie Keyser

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Keyser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60      2      16  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933  
22. I HEREBY CERTIFY That I attended deceased from Feb 13, 1930 to June 12, 1932  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Kidney & Bladder

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

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. ... M.D., M. D.  
(Address) Green City, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
13. NAME Geo. J. Thomas  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.  
15. MAIDEN NAME Mary Elizabeth James  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.  
17. INFORMANT Thomas Keyser (ADDRESS) Green City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Green City DATE June 14, 1933  
19. UNDERTAKER Glenn E. ... (ADDRESS) Green City, Mo.  
20. FILED July 8, 1933 Miss Kate Lane Registrar.

WHITE PRINT 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.

JUL 28 1933

6-5-33

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