

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway Registration District No. 104
 2 Township Haap #1 Primary Registration District No. 3008
 7 City Fulton Mo. (No. _____ St. _____ Ward _____)

File No. 22491
 Registered No. 139

2. FULL NAME

Willoughby Keithly
 (a) Residence, No. Haap #1 St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. 6 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1856
 7. AGE YEARS 76 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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 Charles Co Mo

13. NAME Mervin Keithly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

15. MAIDEN NAME Dart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co Mo

17. INFORMANT (ADDRESS) Mattie Keithly Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE 7-27 19. 33

19. UNDERTAKER (ADDRESS) E. A. Keithly Fulton Mo.

20. FILED July 25 19. 33 R. B. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933, to July 25 1933.
 First saw him alive on July 26 1933. Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Arterio Sclerosis Date of onset? _____
101A
97
101A
 Other contributory causes of importance: Bronchial pneumonia 3 days

Name of operation _____ Date of _____
 What test confirmed diagnosis? 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? ?
 If so, specify _____
 (Signed) R. B. Bridgman Jr., M. D.
 (Address) Haap #1 Fulton Mo.

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.

AUG 22 1933

