

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

Do not use this space.

22588

1. PLACE OF DEATH

County Chariton Registration District No. 171
 Township Wheatfield Primary Registration District No. 4100
 City Keokuk (No.) St. Ward

File No.
 Registered No. 18

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John N. Kizer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1867
 7. AGE YEARS 66 MONTHS 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. 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

12. BIRTHPLACE (CITY OR TOWN) Woodland (STATE OR COUNTRY) Mo

MOTHER FATHER
 13. NAME Robert P. Risk

14. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY)

MOTHER FATHER
 15. MAIDEN NAME Lucy McGarty

16. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. E. Behring Keokuk

18. BURIAL, CREMATION, OR REMOVAL PLACE Polynna DATE July 18 1933

19. UNDERTAKER (ADDRESS) W. J. Smith Keokuk

20. FILED July 18, 1933 Zethie Davis Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to July 17 1933
 Last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Congestive cardiac failure Date of onset 7-6-33
Pneumonia, bronchial
107 R
93 D
75 A
 Other contributory causes of importance: Complete heart block 7-10-33

Name of operation none 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? X 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) W. J. Smith, M. D.
 (Address) Keokuk 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.

AUG 22 1933

