

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

Do not use this space.

23387

1. PLACE OF DEATH

County Jackson
Township Law
City Keosauqua

Registration District No. 303
Primary Registration District No. 3002
(No. 3233 Kenansington)

File No. 3093
Registered No. 3093
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2233 Kenansington St., _____ Ward.

(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>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Keosauqua</u>		
MOTHER	13. NAME <u>William St. John</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keosauqua</u>	
	15. MAIDEN NAME <u>Frances Louise Deuma</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT <u>D. J. Jones</u> (ADDRESS) <u>835 Rialto Bldg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bourbon Grove</u> DATE <u>July 25 1933</u>		
19. UNDERTAKER <u>Wm. St. John</u> (ADDRESS) <u>2233 Kenansington</u>		
20. FILED <u>July 30 1933</u> <u>Th. M. Krone</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1933, to 7-24, 1933
I last saw him alive on 7-24, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Placental Hemorrhage
Premature birth
1645
157
Other contributory causes of importance
Premature birth

Date of onset	
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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) D. Deuch, M. D.
(Address) 835 Rialto

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

