

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

Do not use this space.

29657

3581

1. PLACE OF DEATH

County Lee Registration District No. _____
Township Lee Primary Registration District No. _____
City Lee Mo (No. 3921)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3921-6-18th 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Kegin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) Ky

13. NAME Emmett Price Kegin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mary G. Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manupland

17. INFORMANT (ADDRESS) Geo. C. Winterberger

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Sept. 9 - 33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
478 Broadway, ave,

20. FILED 9-19 1933 mm crone
asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1933, to June 10th 1933
I last saw him alive on June 10th 1933 Death is said to have occurred on the date stated above, at 7:15 a m.

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

Arterio Sclerosis
82 D 82 D
97
Other contributory causes of importance:
Hypertension 102
Paraplegia

Name of operation none Date of _____
What test confirmed diagnosis? none 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) J. E. Boal M. D.
(Address) 1102 E 47

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.

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1002 = 47'

Logan 3102 -

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