

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

Do not use this space.

33169

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Kennett (No. Kennett)

Registration District No. 399
Primary Registration District No. 2002

File No. _____
Registered No. 4104 Ward _____

2. FULL NAME

(a) Residence, No. 1500 Linwood 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 5 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Penn.

13. NAME M. B. Marden

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

15. MAIDEN NAME Rites

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

17. INFORMANT Recard Lelery (ADDRESS) K. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL Funeral Hall DATE 10-18-33

19. UNDERTAKER Davis & Talbot (ADDRESS) _____

20. FILED 10-18-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-5-33, to 10-14-33, 1933

I last saw him alive on 10-14-33. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Diabetes
57
1116
57
Other contributory causes of importance:
Terminal Pneumonia
Date of onset _____

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) J. H. Bennett M. D.

(Address) Gen. Hosp.

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.

NOV 10 1933

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item A	12.5
	Item B	8.7
	Item C	15.3
	Item D	9.1
Section 2	Item E	20.1
	Item F	18.4
	Item G	22.6
	Item H	19.8
	Item I	21.5
Section 3	Item J	14.2
	Item K	16.7
	Item L	13.9
Section 4	Item M	11.8
	Item N	10.5
Section 5	Item O	17.3

The data indicates a general upward trend in the values across the different sections, with Section 2 showing the highest overall values. The individual items within each section also show varying levels of contribution to the total.