

2077 M
Lafayette
Do not use this space.

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

35406

1. PLACE OF DEATH

105 County Sullivan
Township Duncan
City (No. _____) _____ St. _____ Ward _____

Registration District No. 852
Primary Registration District No. 6121

File No. _____
Registered No. _____

2. FULL NAME Jennie Lillian Keithley

(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 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Keithley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1897</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>2</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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)
Milan Mo

FATHER
13. NAME Geo W. Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

MOTHER
15. MAIDEN NAME Laura Sterling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Sullivan Co Missouri

17. INFORMANT: Mrs Laura Henry
(ADDRESS) Browning Mo

18. BURIAL, CREMATION, OR REMOVAL Who
Cabarrud Cem. Milan DATE Oct 10 1933

19. UNDERTAKER C. A. Schoerer
(ADDRESS) Milan Mo

20. FILED Oct 12 1933 Mayme Keithley
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1933 to Oct 8 1933

I last saw h. alive on Oct 8 1933 Death is said to have occurred on the date stated above, at 5 P. m.

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

Endocarditis

Date of onset
9/10/33

Other contributory causes of importance:

hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Sig. no. 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? No
If so, specify _____

(Signed) F. J. Deane _____, M. D.
(Address) Lafayette 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.

NOV 10 1933

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JUN 7 1960