

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.

JAN 26 1934

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

Do not use this space.

41117

1. PLACE OF DEATH

89 County RAY
Township Graberrove
City Richmond (No. St. Ward)

Registration District No. 914
Primary Registration District No. 6235-

File No.
Registered No. 16

2. FULL NAME Miss Emma F. Kieth

(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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 2

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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Silas Kieth

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

MOTHER 15. MAIDEN NAME Prucellia Cummings

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

17. INFORMANT Joe Kieth
(ADDRESS) Hardin No. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 12/17/33 19

19. UNDERTAKER C. M. Jomine
(ADDRESS) Richmond, Mo

20. FILED Dec 16, 1933 H. O. Hart
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/33 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec. 14, 1933 to Dec. 16, 1933
I last saw her alive on Dec. 16, 1933 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Hypostatic Pneumonia Date of onset Dec. 13
Cardiovascular

Name of operation Date of
What test confirmed diagnosis? Cultural 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 ✓ 1933
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 No
(Signed) D. E. P. Keravich, M.D.
(Address) Richmond, Mo

