1934

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No. 1665
Township Dunklin — Primary Registration District No. 5575 — Registered No. 12
City ~~Crystal City~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Malanda Keeton
(a) Residence, No. Crystal City, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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 F.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Keeton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1870
7. AGE YEARS 64 MONTHS — DAYS 14. If LESS than 1 day, ... hrs. or ..... min.

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) Vineland. Missouri.

FATHER
13. NAME Richard Collier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Betty Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Betty Keeton Crystal City, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt Zion, Festus Mo DATE Feb 4 1934
19. UNDERTAKER (ADDRESS) Wm F Barnhart Crystal City, Mo.
20. FILED 2/1 1934 J E Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31. 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934, to Jan 31, 1934
I last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
42A unknown	
97	

Other contributory causes of importance: Arteriosclerosis unknown

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) Harry Yorkit, M. D.
(Address) Festus Mo