

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 5
Township St. Joseph, Mo. Primary Registration District No. 313 Ozark Street
City St. Joseph, Mo. (No. 313 Ozark Street) St. Ward

File No. 15777
Registered No. 527

2. FULL NAME Katherine Rebecca Keown

(a) Residence, No. 313 Ozark Street 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Nashville,
(STATE OR COUNTRY) Tenn.

13. NAME Rine Wilson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. J. L. West
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 3, 1934

19. UNDERTAKER Fleeman Mortuary, Inc.
(ADDRESS) St. Joseph, Mo.

20. FILED 5-3-34 1934 John R Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934, to May 1, 1934

I last saw her alive on April 30, 1934 Death is said to have occurred on the date stated above, at 12:10 P.M.

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

Chronic myocarditis subacute
930
112 970
Other contributory causes of importance: Bronchial asthma several years

Name of operation none Date of

What test confirmed diagnosis? Clinical 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 Claude S. Grant, M. D.

(Address) St. Joseph, Mo.

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.

JUN 20 1934

