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.

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

Do not use this space.

18996

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5252, Maffitt ave. St. ..... Ward)

File No. .....

Registered No. 5526

2. FULL NAME John P. McKeyring

(a) Residence No. 5252 Maffitt St., 6 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: Male

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) May-10-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Gas

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) Virginia

FATHER

13. NAME John McKeyring

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

MOTHER

15. MAIDEN NAME Catherine Murphy

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

17. INFORMANT (ADDRESS) Mrs J. Stuart 5252 Maffitt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 4 1934

19. UNDERTAKER (ADDRESS) Cullmaine Bros. 1700 N. Grand Blvd.

20. FILED N-2 1934 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/2/32, 19..., to 5/31/34, 19...

I last saw him alive on 5/31/34, 19..... Death is said to have occurred on the date stated above, at 9 p.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? XB + Micro Was there an autopsy? 30

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? 30

If so, specify John M. Bradley

(Signed) 4425 Washington, M. D.

(Address) St. Louis

Dr John Bradley -
4425 Washington
Tr. 6793