

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

Do not use this space.

A

**1. PLACE OF DEATH**

County Jackson Registration District No. 568  
 Township Sherrill Primary Registration District No. 6149  
 City..... (No.....) St. .... Ward.....

File No. 19249  
 Registered No. 26

**2. FULL NAME**

Lucerna Keeney  
 (a) Residence, No. .... St. .... Ward.....  
 (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. (If nonresident, give city or town and State)

**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 Robert L. Keeney  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1881  
 7. AGE YEARS 53 MONTHS 4 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

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. None  
 10. Date deceased last worked at this occupation (month and year) Jan 1933 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

13. NAME Wash Reed

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

15. MAIDEN NAME Thornton

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

17. INFORMANT B. L. Keeney (ADDRESS) Licking Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Episcopal DATE 5/27/34

19. UNDERTAKER Smith & Ferguson (ADDRESS) Licking Mo

20. FILED 5/28 1934 W. R. Reed Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to May 26, 1934  
 I last saw her alive on May 26, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis Date of onset 1933  
131  
97  
131  
 Other contributory causes of importance:  
Arteriosclerosis May '33

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 None  
 (Signed) W. R. Reed M. D.  
 (Address) Licking 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 27 1934

WHITE PAPER, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

