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

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

Do not use this space.

19304

1. PLACE OF DEATH
County Wayne — Registration District No. 892 — File No.
Township Black River — Primary Registration District No. 6194 — Registered No. 10
City Hendrickson, Mo. (No. ..... St. ..... Ward)

2. FULL NAME John Keele
(a) Residence, No. near Hendrickson, Mo. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Martha E. Keele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 18 72

7. AGE — YEARS: 62 — MONTHS: 0 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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 J. T. Keele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Martha C. Billiard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Earl Keele, Hendrickson, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Rucker Cemetery
PLACE ..... DATE June 1, 1934

19. UNDERTAKER (ADDRESS) Greer Undertaking Co., Poplar Bluff, Mo.

20. FILED May 31, 1934 Mrs. Hattie McGhee, 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 April 1, 1934, to May 31, 1934
I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 7 PM m.
The principal cause of death and related causes of importance were as follows:

87B

	Date of onset
Malades Des Lic (Disease of Central Nervous System)	1910

Other contributory causes of importance:

87B

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? No
If so, specify .....
(Signed) F. L. Knichert, M. D.
(Address) Poplar Bluff, Mo.