

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.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City Independence (No.       )File No. 20261Registered No. 272St.        Ward       

## 2. FULL NAME

(a) Residence, No. 521 S. MainlandSt. 84Ward       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos.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)

Widowed

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr 12 - 1841

## 7. AGE

93

YEARS

MONTHS

2

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.

none

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)

many years

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richmond Ray Co. Mo.

## FATHER

## 13. NAME

John Keizer

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

Mo

## MOTHER

## 15. MAIDEN NAME

Mary Wallard

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

Mo

## 17. INFORMANT (ADDRESS)

Geo Shaw

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cem DATE 6-29- 1934

## 19. UNDERTAKER (ADDRESS)

Ed Mitchell

## 20. FILED

June 28 1934 Geo Shaw Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 26, 1934

## 22. I HEREBY CERTIFY That I attended deceased from

June 20, 1934, to June 25, 1934I last saw her alive on June 25, 1934 Death is saidto have occurred on the date stated above, at 6:45 a.m.

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

Senility

Date of onset

Other contributory causes of importance:

Broken arm and fall out of bed

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)

(Address)

Calvin Arthur M. D.  
Independence, Mo.

