

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

File No. 21156
 Registered No. 180

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Keyes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1860</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. _____ min.		
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.		
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) <u>Bacon, Kentucky</u>		
13. NAME <u>W. F. D. Keyes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Sara D. Keyes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Robert R. Keyes Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Cemetery</u> DATE <u>June 21, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>James P. Donnell Hannibal, Mo.</u>		
20. FILED <u>June 21, 1934</u> <u>R. H. Seibert</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY that I attended deceased from Nov 15, to June 19, 1934
 I last saw him alive on June 19, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
 Chronic nephritis
 & edema
 Chronic myocarditis
 Other contributory causes of importance: 131

Name of operation none Date of _____
 What test confirmed diagnosis? clin 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? _____
 If so, specify _____
 (Signed) J. Keckhomer, M. D.
 (Address) 1001 Polk Hannibal Mo

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.

AUG 2 1934

64

2
92
119

