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.

791

22156

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 5928

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 5762a McPherson a St. ..... Ward)

2. FULL NAME R. Gill Killeen

(a) Residence, No. ..... St., 5 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) Oct 10th 1908

7. AGE: YEARS 25 | MONTHS 8 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St Louis

FATHER

13. NAME Maurice Killeen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Elizabeth Gill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Maurice Killeen 5762a McPherson a

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE June 16th 1934

19. UNDERTAKER (ADDRESS) Arthur J Donnelly & Co 3840 Lindell Bvd

20. FILED ....., 19.. J T Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28th, 1932, to June 13th, 1934

I last saw him alive on June 13th, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
26 Tuberculosis of Spine	1918
31	
32C 34	

Other contributory causes of importance:
multiple tuberculous sinus - lung & tracking

Name of operation Afraid obscus Date of .....

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) Arthur O'Reilly, M. D.

(Address) 3534 Washington Ave. (O'Reilly)

Jr 6505

11-30-12

OCT 28 1964