

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.

SEP 10 1934

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

Do not use this space.

30352

1. PLACE OF DEATH

County Putnam

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. Bathwell Hosp)

File No. 299

Registered No. 228

St. Mo. Ward

2. FULL NAME

(a) Residence, No. Emma Keel St. Mo.

(Usual place of abode)

Ward.

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OR WIFE OF Martine Keel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1889

7. AGE YEARS 45 MONTHS 0 DAYS 13 If LESS than 1 day, hrs. or 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) Mo

13. NAME Robert Keyte

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

15. MAIDEN NAME Sarah Goldfry

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

17. INFORMANT (ADDRESS) Howard Keel  
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Antioch DATE Aug 19 34

19. UNDERTAKER (ADDRESS) Gillispie Funeral Home  
Sedalia Mo

20. FILED 8-19 1934 Frank Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Aug 17 1934

I last saw him alive on Aug 17 1934 Death is said to have occurred on the date stated above, at 11 P. M.

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

Cervical intertubercular (malignant) abscess  
Biopsy not yet reported  
Biopsy Aug. 10 1934

Other contributory causes of importance:

Name of operation Exenteration Date of Aug 10 1934

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Aug 17 1934

Where did injury occur? Mo

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

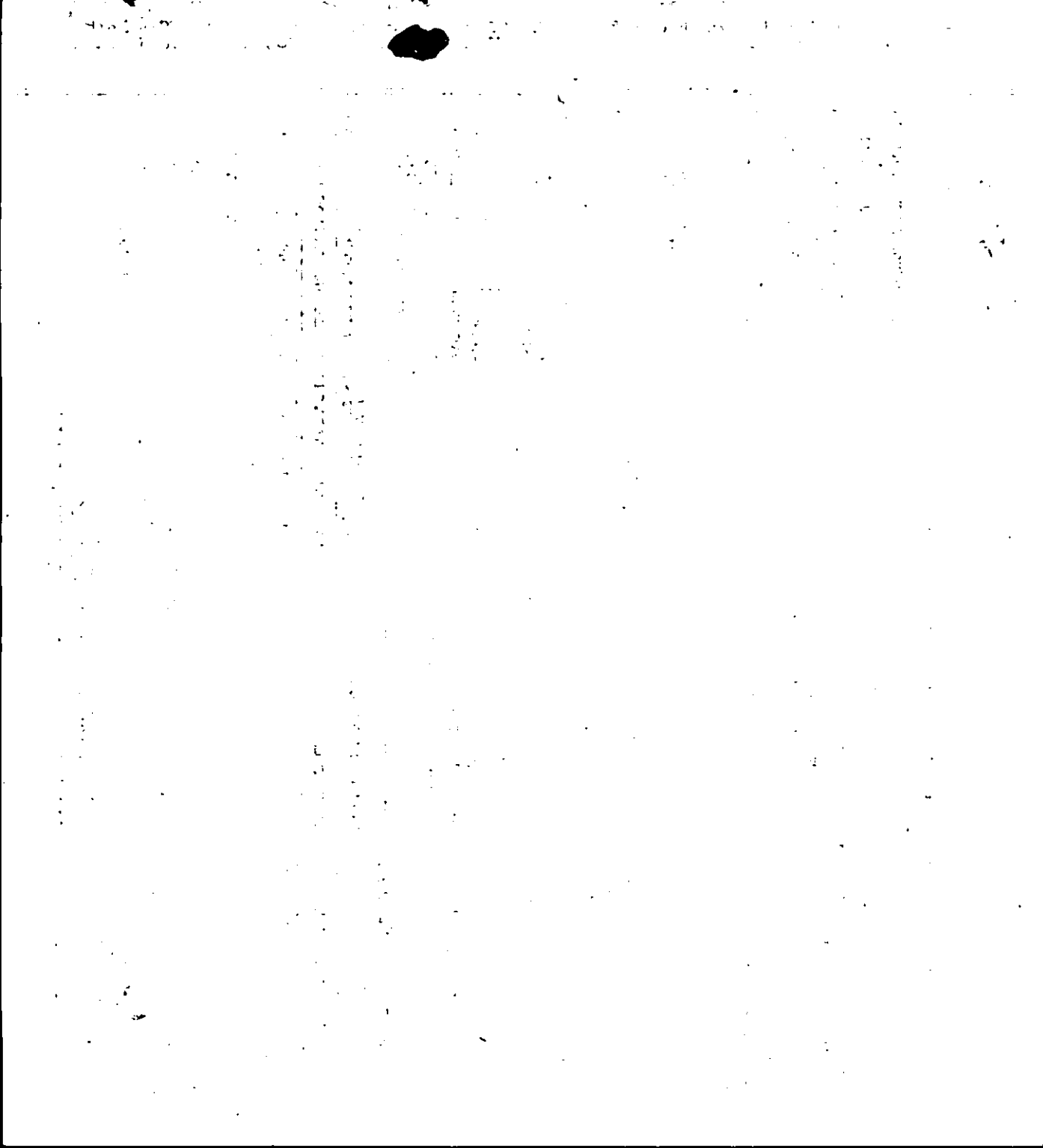
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Chas. A. M. D.

(Address) Sedalia Mo



#2

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

294

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emma Keeler (?)  
Who died at \_\_\_\_\_ on Aug 17 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 45 Months 0 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cervical uteri tumor malignant  
Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Respected Peapack Not yet  
Birthplace of father (State or country) Peapack  
Birthplace of mother (State or country) Peapack Aug 10 1934  
Principal cause of death: Malignant tumor

Other contributory causes of importance 48  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

Signature of Registrar Juan S. Lock

Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668

Very truly yours,

E. T. McGaugh

State Registrar

Primary Reg. Dist. No. 3032

Special Agent.

RECEIVED

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