

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

Do not use this space.

OCT 11 1934

791
1003

34734

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis (No. Bayer Hosp.) St. Grand Okla. (Ward)

File No.....
Registered No. **9598**
St. Grand Okla. (Ward)

2. FULL NAME

Jarvis Mc Keener
(a) Residence, No. 411 St. Pine St. NR Ward. Grand Okla.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Burlington Kansas

FATHER
13. NAME Winfield Hebron

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

MOTHER
15. MAIDEN NAME Mary Dempsey

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

17. INFORMANT (ADDRESS) H. J. Mc Keener Grand Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Okla. DATE Sept 30 1934

19. UNDERTAKER (ADDRESS) Alton P. Co. 2707 Grand Okla.

20. FILED SEP 30 1934 J. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-21 to 9-29, 1934

I last saw him alive on 9-29, 1934. Death is said to have occurred on the date stated above, at 4:10 p.m.

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

Pneumia
Squamous Cell Carcinoma of Cervix
Other contributory causes of importance:
W.P. 192-E
H 8

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Y. O.

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) Ralph H. Rodgers, M. D.
(Address) 6008 Kung Highway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

