

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.

JAN 7 1935

39759

1. PLACE OF DEATH

County Jasper Registration District No. 410
Township Sheldon Primary Registration District No. 03-68
City Carthage St. _____ Ward _____

File No. _____

Registered No. 27

2. FULL NAME

Ethel Estelle Keener
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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. E. Keener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 11 24

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) Unknown
(STATE OR COUNTRY) Arkansas

13. NAME J. P. You

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

15. MAIDEN NAME Unknown

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

17. INFORMANT H. E. Keener
(ADDRESS) Route 6 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Cem. DATE Dec 1 1934

19. UNDERTAKER W. M. Masterson
(ADDRESS) Carthage, Mo.

20. FILED Jan 10 1935 Mr. Clara Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Nov 29 1934

Last saw her alive on Nov 28 1934 Death is said to have occurred on the date stated above, at 2:20 P. m.

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

Carcinoma Breast (Rt) Date of onset _____

50

Other contributory causes of importance:

general carcinomatous metastasis to all bones in body -

Name of operation Breast amputation Date of 1932

What test confirmed diagnosis? Lab 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) Lloyd B. Clinton, M. D.

(Address) Carthage Mo

