

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

Do not use this space.

JAN 18 1935

1. PLACE OF DEATH

County Muller
Township Richwoods
City Liboria (No. _____)

Registration District No. 562
Primary Registration District No. 5757

File No. 40070
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louisa Ellen Keeth

(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 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 Johnny Keeth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-20-1863
7. AGE YEARS 71 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liboria Mo

13. NAME Julius Stone

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

15. MAIDEN NAME Elizabeth Anderson

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

17. INFORMANT (ADDRESS) Johnny Keeth Liboria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Liboria Mo DATE Nov. 18 1934

19. UNDERTAKER (ADDRESS) C. L. Casey Liboria Mo

20. FILED Dec. 10 1934 Mrs. W. H. Van Grempt Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov-10 1934 to Nov-16 1934
I last saw her alive on Nov-16 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Cellulitis Left Leg - caused from infection of wound caused by being gored by a cow on Nov-10-34

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 11-10 1934
Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Gored by cow in barn at home near Liboria, Mo.
Manner of injury Liboria, Mo.
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Yes
(Signed) Fernis C. Duggett, M. D.
(Address) Liboria, Mo.

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.

2-3-35-2

