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

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

JAN 14 1935

Do not use this space.

44727

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. St Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 11841

2. FULL NAME Wilson Keeney

(a) Residence, No. ..... St., NR Ward. Bourbon Mo
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vergolia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-23-1875

7. AGE: YEARS 59 | MONTHS 4 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.:

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): Prescot Mo

FATHER

13. NAME: Henry Keeney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk

17. INFORMANT (ADDRESS): Calvin Keeney Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bourbon Mo DATE: 12-16 1934

19. UNDERTAKER (ADDRESS): E. E. Long Bourbon Mo

20. FILED: DEC 15 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934, to Dec 14, 1934

I last saw him alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 11:50 p.m.

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

	Date of onset
Chronic Adhesive pericarditis	July 1934
Cardiac decompensation	✓

Other contributory causes of importance:

95 P.P.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) R. E. Sunderman, M. D.

(Address) 5535 Delmar St Luke's Hospital