

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

Do not use this space.

2634

JAN 9 1935

1. PLACE OF DEATH
 County St. Francois Registration District No. 771
 Township Primary Registration District No. 4462
 City Bismarck (No.) St. Ward (No.)

2. FULL NAME Alice M. Keathley
 (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 3 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. da.

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 (OR) WIFE OF Alice Keathley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>7</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines

FATHER

13. NAME James Ballard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Know

MOTHER

15. MAIDEN NAME Dart Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Know

17. INFORMANT Alice Keathley
 (ADDRESS) Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis DATE Jan 5 1935

19. UNDERTAKER (ADDRESS) St. Francis

20. FILED Jan 10 1935 E. M. Bryan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934 to Jan 3 1935
 I last saw h. or alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 9:39 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
 Date of onset Dec 30 1935

Other contributory causes of importance: 108

Name of operation none Date of
 What test confirmed diagnosis? clinical 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? no
 If so, specify E. M. Bryan M. D.
 (Signed) Bismarck Mo. (Address)

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.

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

