OCT 18 1935

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

Do not use this space.

28964

18 1. PLACE OF DEATH County Carter Township Carter City (No. , St. Ward)

Registration District No. 143
Primary Registration District No. 5205

File No.
Registered No.

2. FULL NAME Mary Magdelene Keeney

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1935

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Carter Co., Mo.

FATHER
13. NAME Champ Keeney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

MOTHER
15. MAIDEN NAME Jessie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Sam Keeney Ellsinore Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tedder Cem. DATE 9-23 1935

19. UNDERTAKER (ADDRESS) No Licensed undertaker

20. FILED 9-23 1935 T. N. Sutton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep. 21, 1935, to Sep. 22, 1935
I last saw her alive on Sep. 21st, 1935. Death is said to have occurred on the date stated above, at 12:00
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other contributory causes of importance:

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

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) M Callaw, M. D.
(Address) Van Buren

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.