

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.

DEC. 11 1935

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

Do not use this space.

36433

1. PLACE OF DEATH

County Jasper  
Township Jupiter Mo.  
City Jupiter Mo. (No. 327 Oak)

Registration District No. 411  
Primary Registration District No. 3002

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Charles Whiting Keeka

(a) Residence, No. 327 Oak St. .... Ward.

(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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16-1869  
7. AGE YEARS 66 MONTHS 2 DAYS - If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General laborer  
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazeburg, Iowa  
13. NAME No Record  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record  
15. MAIDEN NAME No Record  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Charles W. Keeka (ADDRESS) 327 Oak

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Park DATE Nov. 19, 1935

19. UNDERTAKER Frank Stevens Co (ADDRESS) Jupiter Mo.

20. FILED 11-19-35 Ed E. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 15, 1935  
I last saw him alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 2 1/2 m.  
The principal cause of death and related causes of importance were as follows:

Myocardial infarction Date of onset Nov 12

Other contributory causes of importance: Pneumonia, Bronchial, & Bronchial Asthma

Name of operation None 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 .....  
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 None  
(Signature) Dr. W. W. ...  
(Address) 119 ...

