

FEB 20 1936

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

Do not use this space.

1387

1. PLACE OF DEATH

County Jackson
Township 2nd
City J.C. Mo. (No. General Hosp #2)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 240
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2632 Euclid St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lettie Hill McKeel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Bedford</u>		
FATHER	13. NAME <u>Wm M McKeel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mahalia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk, General Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Virgiland</u> DATE <u>1-16-1936</u>		
19. UNDERTAKER (ADDRESS) <u>Lewis - Crompt & Irving, 1118 E. 15th St.</u>		
20. FILED <u>Jan 15 1936 M.M. Cronin</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1936, to 1-13, 1936. I last saw him alive on 1-13, 1936. Death is said to have occurred on the date stated above, at 8:36 A.M.. The principal cause of death and related causes of importance were as follows:
Gas gangrene of right foot (due to generalized arteriosclerosis)
Other contributory causes of importance:
Sepsis

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? No
If so, specify _____
(Signed) [Signature] M. D.
(Address) General Hosp #2

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.

