

APR 8 1936

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

Do not use this space.  
*Keethler*  
13661

1. PLACE OF DEATH

County *Scottland*  
Township  
City *Memphis* (No. ....)

Registration District No. *810*  
Primary Registration District No. *4488*

File No. ....  
Registered No. *13* .....  
St. .... Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

*Elizabeth Baker*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 14 19 36*

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

17. I HEREBY CERTIFY, That I attended deceased from *March 1, 1936* to *Mar 14, 1936* that I last saw her... alive on *March 13, 1936*, and that death occurred, on the date stated above, at *3:00 a.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar 4 - 1850*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *86 | | 14*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*chronic Myocarditis*

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housekeeping* (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) *3* yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER *Unknown*

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

WHAT TEST CONFIRMED DIAGNOSIS... (Signed) *A.M. Keethler*, M.D. (Address) *Memphis Mo*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14. INFORMANT (Address) *James W. Osborn Memphis Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL *North Bethel Mar 15 1936*

15. FILED *MAR 26 1936* REGISTRAR *C. E. Barnes*

20. UNDERTAKER *Levi W. Baskett* ADDRESS *Memphis*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

