

APR 27 1936

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

Do not use this space.

13771

1. PLACE OF DEATH

County Taney
Township Branson
City Branson (No. Ward)

Registration District No. 859
Primary Registration District No. 6128

File No. 11
Registered No.

2. FULL NAME

Tony Keith

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 14

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

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) Loisac France

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT W. E. Pouch (ADDRESS) Branson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Notius Knob DATE 3/24 1936

19. UNDERTAKER None (ADDRESS)

20. FILED 3/24 1936 John P. Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to March 23, 1936

I last saw him alive on March 22, 1936 Death is said

to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset 3/22/36

Other contributory causes of importance None

Name of operation Date of

What test confirmed diagnosis? None 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

(Signed) Harry T. Evans, M. D.

(Address) Branson Mo.

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.

