

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.

JUL 1 1938

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

Do not use this space.

22192

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 5153  
 City (No. ) St. Ward

2. FULL NAME Frederick Keet  
 (s) Residence, No. 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.

File No. \_\_\_\_\_  
 Registered No. 188

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1936 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Fred Keet

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

15. MAIDEN NAME Anna Maria Heebiger

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

17. INFORMANT Fred Keet  
 (ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hillcrest Cem. DATE June 10, 1938

19. UNDERTAKER Lee J. Healy  
 (ADDRESS) Fulton, Mo

20. FILED June 10, 1938 R. N. Crew  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th, 1936

22. I HEREBY CERTIFY, that I attended deceased from April 4, 1936, to June 8, 1936  
 I last saw him alive on June 30, 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach Date of onset \_\_\_\_\_

Other contributory causes of importance None

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) A. N. DeGruy, M. D.  
 (Address) Fulton, Mo

