

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

Do not use this space.

AUG 15 1936

25528

1. PLACE OF DEATH

County Ray, Chapman Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. Mercy Hospital) St. _____ Ward _____

File No. _____
Registered No. 886

2. FULL NAME

Lille Margaret Keeliker
(a) Residence, No. _____ St. _____ Ward. White Cloud Kansas
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 6/30/36, 1936, to July 3-1936, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1906

I last saw her alive on July 3, 1936. Death is said

7. AGE YEARS 30 MONTHS 0 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 7:20 p. m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) June 17, 1936 11. Total time (years) spent in this occupation 8 yrs.

Intestinal Obstruction Date of onset 6/19/36

Other contributory causes of importance:

Surgical Shock

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robison Kansas

Name of operation Intestinal Resection Date of 7/7/36

13. NAME Harvey Moore

What test confirmed diagnosis? Physiology Was there an autopsy? no

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

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)

15. MAIDEN NAME Minnie Burkhalter

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____

17. INFORMANT (ADDRESS) Harold Keeliker White Cloud Kansas

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud Ke DATE July 4, 1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Naaton Be gale + Bowman St Joseph Mo

If so, specify _____ (Signed) J. O. Pierce D.D., M. D.

20. FILED July 4, 1936 H. J. Keeliker Registrar.

(Address) 801 1/2 Francis St

Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 886

City St. Joseph (No. _____)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day	hrs.	min.
	<u>30</u>	<u>0</u>	<u>27</u>			

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

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) _____ (1. Total time (years) spent in this occupation _____)

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/4 1936 A. J. Keel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1936

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I first saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Intestinal obstruction

Other contributory causes of importance:

Adhesions
No further information

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?

If so, specify _____

(Signed) J. P. Pierce M.D.

(Address) 801 Francis St. St. Joseph, Mo.

SUPPLEMENT

120

5-25-28