WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 20 1936

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

Do not use this space.

33661

1. PLACE OF DEATH

County Boone — Registration District No. 79 — File No. 29

Township Bourbon — Primary Registration District No. 3116 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Fielding Lewis Keithley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1924

7. AGE: YEARS 12 — MONTHS 2 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Mo

FATHER

13. NAME: Owen Keithley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

MOTHER

15. MAIDEN NAME: Cleora Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

17. INFORMANT (ADDRESS): Owen Keithley Sturgeon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel Grove DATE Sept. 11, 1936

19. UNDERTAKER (ADDRESS): Barnes and Boothe Sturgeon, Mo.

20. FILED Sept. 11 1936 E. N. Gentry M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936, to Sept 10, 1936

I last saw him alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Tonsilen Abscess — Date of onset 9-4-36
Red Fine Eruptions
appeared Sept 5 — May have
had Scarlet Fever also

Other contributory causes of importance:

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. R. McTimes, M. D.

(Address) Sturgeon Mo