

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.

DEC 18 1936

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

Do not use this space.

41077

## 1. PLACE OF DEATH

County

Holt

Registration District No.

2372

Township

City

Mound City

(No.

Primary Registration District No.

4218

File No.

Registered No.

890

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Mathie Bagley Keaster

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

July 23 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

74

9

6

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Holt Co. Mo.

FATHER

13. NAME

John Keaster

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Perry

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Mrs. Hattie Keaster  
Mound City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Hope

DATE

Dec 1 1936

19. UNDERTAKER

(ADDRESS)

Mt Hope  
Mound City, Mo.

20. FILED

DEC 1 1936

J. Perry  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 29 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1936 to Nov 29 1936

I last saw him alive on Nov 28 1936 Death is said

to have occurred on the date stated above, at 3 a.m.

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

Date of onset

Arterio Sclerosis

Other contributory causes of importance:

Name of operation

Physiotherapy

Date of

What test confirmed diagnosis?

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)

D. B. Perry

M. D.

(Address)

Mound City, Mo.

