

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

Do not use this space.

46417

JAN 10 1937

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City *St. Louis* (Name) *Missouri Pacific Hosp.* (Institution) _____ St. _____ Ward _____

File No. **12204**
 Registered No. _____

2. FULL NAME

Carl H. Keesee (Keesee)
 (a) Residence, No. *601 S. 3rd St.* St. _____ Ward. *Amory, Miss*
 (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 *m* 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 *Myrtle Keesee,*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1874-1-4*

7. AGE YEARS *62* MONTHS *11* DAYS *7* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Engineer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *42*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

MOTHER FATHER 13. NAME *M Marshall Keesee*

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

MOTHER 15. MAIDEN NAME *Millie Butts*

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

17. INFORMANT *Myrtle Keesee,*
 (ADDRESS) *601 S. 3rd st., Amory, Miss.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Amory, Miss* DATE *12/11/36*

19. UNDERTAKER (ADDRESS) *Clayton road at Concordia Lane.*

20. FILED *DEC 12 1936* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-11-36*

22. I HEREBY CERTIFY, That I attended deceased from *11-18*, 19*36*, to *12-11*, 19*36*

I last saw him alive on *12-10*, 19*36* Death is said

to have occurred on the date stated above, at *7:30* a. m.

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

Hypertrophied Prostate Date of onset *5yr*

Other contributory causes of importance: *Myocarditis, ch 3yr*

Name of operation *Prostatectomy* Date of *12-9-36*

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) *E. H. Higgins* M. D.

(Address) *119 6th Ave*

WHILE PRINTING, 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.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set
 his hand and the seal of said County at [Location],
 this [Date] day of [Month], 19[Year].

[Signature of County Clerk]

[Signature of Owner Name]