

NOV 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Packman

Registration District No. 85

Township

Primary Registration District No. 100

City

St. Joseph

(No. St. Joseph Hosp.)

File No. 49172

Registered No. 1267

St.

Ward

2. FULL NAME

Margaret Albree Keuff

(a) Residence, No. 1709 Nevada

(Usual place of abode)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

None

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

None

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

Oct 7 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Stillbirth

OCCUPATION

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

None

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)

St. Joe, Mo.

FATHER

13. NAME

Bernard L. Keuff

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

St. Joe, Mo.

MOTHER

15. MAIDEN NAME

Vita Aquith

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

St. Joe, Mo.

17. INFORMANT (ADDRESS)

Bernard L. Keuff

18. BURIAL, CREMATION, OR REMOVAL

Oakland Cem.

DATE

Oct 8

1936

19. UNDERTAKER (ADDRESS)

A. J. Jones, Hosp.

20. FILED

Oct 8

1936

St. Joseph, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 7 1936

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Stillborn

Date of onset

Other contributory causes of importance:

Placenta Previa

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

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)

W. J. Grant

M. D.

(Address)

6207 Kings Hill Ave

St. Joseph, Mo.

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.

