

FEB 17 1937

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

Do not use this space.

1996

1. PLACE OF DEATH

34 County Lafayette
Township Lexington
City Lexington (No. 1)

Registration District No. 461
Primary Registration District No. 3024

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME Samuel D. Keeney

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Ma.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia A. Tanham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 12, 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo.</u>		
FATHER	13. NAME <u>John R. Keeney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dover, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Narcissis Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, Mo.</u>	
17. INFORMANT <u>Thomas Keeney</u> (ADDRESS) <u>Lexington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schell City, Mo.</u> <u>Jan. 18, 1937</u>		
19. UNDERTAKER <u>Winkler</u> (ADDRESS) <u>Lexington, Mo.</u>		
20. FILED <u>Jan 17 1937</u> <u>Faye B. Bates</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Jan. 11, 1937
Last saw him alive on Dec 1, 1936, 1936. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Intermittent Pleurisy
Date of onset 1935

Other contributory causes of importance:
Chronic Vasculitis

Name of operation _____ 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? _____
If so, specify _____
(Signed) W. R. Keeney, M. D.
(Address) Lexington Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

