

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 6285
Township Roll Primary Registration District No. 3031
City Maryville Mo. (No. 1) St. 1 Ward 3

File No. 2445
Registered No. 3

2. FULL NAME

Johanna Keebly
(a) Residence, No. 107 East 6th St. St. 1 Ward 3
(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 fr 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1850

7. AGE YEARS 86 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 27

12. BIRTHPLACE (CITY OR TOWN) Hagerstown (STATE OR COUNTRY) Maryland

13. NAME George Julius

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

15. MAIDEN NAME Unkshoun

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

17. INFORMANT Eldon Collins (ADDRESS) 314 W - 3rd - Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chelmsford DATE 1-15 1937

19. UNDERTAKER Flumson & Son Inc. (ADDRESS) 1946 Collins St. Maryville Mo.

20. FILED 1-13 1937 Mamie C. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1937, to Jan 12 1937. I last saw h. er alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 6 A. m. The principal cause of death and related causes of importance were as follows:

Myocardial Failure Date of onset Jan 10-37

Other contributory causes of importance: General Atherosclerosis (with coronary)

Name of operation none 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) J. A. Bloomer M. D. (Address) Maryville Mo.

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.

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