

MAR 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cole,  
Township  
City Jefferson City. (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. 5586  
Registered No. 82  
St. .... Ward)

2. FULL NAME Robert Kealy-#39421

(a) Residence, No. Missouri State Penitentiary, Jefferson City, Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1908/

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

28 2 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown.

10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation. Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.13. NAME Unknown.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.15. MAIDEN NAME Unknown.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.17. INFORMANT (ADDRESS) Miss Penitentiary18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ills DATE 2/16 193719. UNDERTAKER (ADDRESS) Thorpe J. Gordon Company, Jefferson City, Missouri.20. FILED 2/16/37 Superior Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1937 to Feb. 14, 1937

I last saw him alive on Feb. 14, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Type II)Date of onset Unkn.Other contributory causes of importance: 108

Name of operation none Date of - - -  
What test confirmed diagnosis? Laboratory 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 W. Maubach (Signed) W. Maubach, M. D.  
Prison Physician,  
Jefferson City, Mo. (Address)

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.

