

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Francois Registration District No. 773  
Township St. Francois Primary Registration District No. 6018A  
(near) City Farmington, Mo. (No. State Loop #4) St. • Ward •

File No. 13247  
Registered No. 56

2. FULL NAME Catherine Keathley

(a) Residence No. St. Louis, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>30</u>	<u>11</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as splaner, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME John Baffa14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.15. MAIDEN NAME Kate Schapflin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT Hospital Records  
(ADDRESS) Farmington, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem. DATE March 12 1937  
Kenton, Tenn.19. UNDERTAKER Mclaughlin Funeral Home  
(ADDRESS) St. Louis, Missouri20. FILED McH 10, 1937 V. J. Robinson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1934 to Mar 9 1937  
I first saw him alive on Mar 8 1938 Death is said to have occurred on the date stated above, at 4:30 am

The principal cause of death and related causes of importance were as follows:  
Chronic pulmonary tuberculosis, bi-lobar for advanced - very active (caseous type) 8 pph 2yr

Other contributory causes of importance:  
Dementia praecox prob 4 yr

Name of operation None Date of to  
What test confirmed diagnosis Chol. Lab. 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? Home (City, 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) G. Tivis Graves, Jr. M. D.  
(Address) St. State Hospital #4  
Farmington, Missouri

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.

