

MAY 18 1937

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

Do not use this space.

15853

## 1. PLACE OF DEATH

12 County Butler  
Township Poplar Bluff  
City..... (No....., St....., Ward.....)Registration District No. 89  
Primary Registration District No. 5131File No.....  
Registered No. 121..... Ward.....2. FULL NAME Dora Beatrice Keck(a) Residence, No. Harviell, Mo. St..... Ward.....  
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Arthur Keck  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 19037. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
30 33 5 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Calvin  
(STATE OR COUNTRY) Louisiana13. NAME John D. Rushing14. BIRTHPLACE (CITY OR TOWN) Washata County  
(STATE OR COUNTRY) Arkansas15. MAIDEN NAME Dora A. Windsor16. BIRTHPLACE (CITY OR TOWN) Rocky Mount,  
(STATE OR COUNTRY) Louisiana17. INFORMANT John D. Rushing  
(ADDRESS) Harviell, Missouri18. BURIAL PLACE Woodlawn cemetery DATE April 20, 193719. UNDERTAKER Greer Funeral Service  
(ADDRESS) Poplar Bluff, Missouri20. FILED 4/20 1937 Abettinger Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 193722. I HEREBY CERTIFY, That I attended deceased from 4-14, 1937, to 4-14, 1937I last saw him alive on 4-18, 1937. Death is said to have occurred on the date stated above, at 5:15 A. M.

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

Encephalitis lethargica Date of onset 4-4-37probably caused from  
insects

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) M. H. Hershman, M. D.  
(Address) Poplar Bluff, Mo.

