

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

67 County Mississippi
3 Township Marion
4 City Charleston (No. 2 St. 1 Ward)

Registration District No. 566

File No. 20700

Primary Registration District No. 3036

Registered No. 91

2. FULL NAME

(a) Residence, No. 105 E. Cypress St., 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nauvige Keirick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1867

7. AGE YEARS 69 MONTHS 11 DAYS 28 If LESS than 1 day, 0 hrs. or 0 min.

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

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) Mississippi County Mo.

13. NAME William Keirick

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) C. P. Brinkwater, 7th St. No. 7

18. BURIAL, CREMATION, OR REMOVAL PLACES W. O. F. Center DATE May 11, 37

19. UNDERTAKER (ADDRESS) Frank Joseph Keirick, Charleston, Mo.

20. FILED 5-11-1937 F. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 1 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 37 to May 10, 37

I last saw him alive on May 9, 37 Death is said to have occurred on the date stated above, at 0 m.

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

Apoplexy Date of onset 5/9/37

Other contributory causes of importance: Cardio-renal disease

Name of operation none

What test confirmed diagnosis: Urin. & Blood pressure Date of 5/9/37

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1937

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify 0

(Signed) E. Cheselohm M. D.

(Address) Charleston Mo.

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.

OCT 13 1942