

AUG 23 1937

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

Do not use this space.

1. PLACE OF DEATH

 County *Grundy*
 Township *Franklin*
 City *Frankton*
Registration District No. *328*Primary Registration District No. *3017*File No. *27284*

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence No. *1716* *Julia* St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *22* 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)

Married

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

One Alice Keith

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

1 - 22 - 18 73

7. AGE

YEARS

64

MONTHS

6

DAYS

8

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

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

Blacksmith

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)

Grundy Co., Mo

13. NAME

R. F. Keith

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

Grundy Co., Mo

15. MAIDEN NAME

Charollite Shippleh

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

Ohio

17. INFORMANT (ADDRESS)

Mrs A. C. Hughes

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Johns* DATE *8/1/37* 19

19. UNDERTAKER (ADDRESS)

Lepson

20. FILED

7-31 1937 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 30th 1937

22. I HEREBY CERTIFY That I attended deceased from

July 30th 1937 to _____ 19I last saw him alive on *July 29th 1937* Death is saidto have occurred on the date stated above, at *8:30 A.M.*

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

Coronary Thrombosis July 30th 1937

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ 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?

If so, specify

(Signed) *Oliver F. Shippleh M.D.*(Address) *Frankton, 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.

FORM 1 X7284

