

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

Do not use this space.

NOV 17 1937

37738

1. PLACE OF DEATH

County Greene
Township 2nd center
City Bois Wars (No. _____)

Registration District No. 320
Primary Registration District No. 5443

File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Houston Keith
(a) Residence, No. Bois Wars A.R. 1 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 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 Laura Melton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 5 22

OCCUPATION
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) Halltown Mo

MOTHER FATHER
13. NAME Joseph H Keith

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

15. MAIDEN NAME Lovisa Owen

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

17. INFORMANT (ADDRESS) Mrs Laura Keith
Bois Wars Mo A.R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE Oct-25-1937

19. UNDERTAKER (ADDRESS) Floyd W. Fox
619 W. Walnut St

20. FILED Oct-24-37 Springfield Mo
Lucy C. Vay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1937

22. HEREBY CERTIFY, That I attended deceased from Oct. 22, 1937, to Oct. 23, 1937
I last saw him alive on Oct. 23, 1937 Death is said

to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Gall Stones

Date of report
10-21-37

Other contributory causes of importance:
Probably ruptured gall bladder

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____

(Signed) S. M. Clark, M. D.
(Address) Halltown, 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.

