

DEC 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County LawrenceRegistration District No. 470File No. 41742Township mt Vernon, moPrimary Registration District No. 4283Registered No. 121City mt Vernon, mo (No)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sandra Louise Keck (Still Born)(a) Residence, No. none St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 0 hrs. or 0 min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) mt Vernon, mo.  
(STATE OR COUNTRY)13. NAME Stanley Clarence Keck14. BIRTHPLACE (CITY OR TOWN) Nelsonville, mo  
(STATE OR COUNTRY)15. MAIDEN NAME Esther Irene Moore16. BIRTHPLACE (CITY OR TOWN) Nelsonville, mo  
(STATE OR COUNTRY)17. INFORMANT Stanley Clarence Keck  
(ADDRESS) mt Vernon, mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cem DATE Dec 1 193719. UNDERTAKER Fossett Funeral Home  
(ADDRESS) mt Vernon, mo.20. FILED Dec 1 1937 PA Palmer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 193722. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Nov 30, 1937

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 2:45 A.M.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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) Don J. Selsky, M. D.(Address) mt Vernon, 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.

