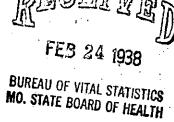
BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ATE OF DEATH 2884			
1. PLACE OF DEATH	Do not use this space.			
(a) County Henry Registration District No.				
(b) Township Cleve to Primary Registration	on District No Registered No			
(c) City (d) Street No. 2)	ccurred in Hospital or Institution, write its name instead of street and number)			
(if death occurred in nospital of institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.				
2 PRINT FULL NAME LYMAN EUGENE Keyes 2.00				
(a) Residence, No. (Usual place of abode, if no street address, write county	T			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) / 2 % .193 &			
5A. IF MARRIED, WIDOWED, OR DIVORCED	22. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND OF COASA & Keyes	7-77			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw ht. An alive on 19.30. Death is said			
7. AGE YEARS MONTHS DAYS If LESS than 1	to have occurred on the date stated above, at 2.1.5.2			
- 88 2 13 day,hrs. ormin.	Date of onse			
0.0	My Condition			
work done, as sawyer, bookkeeper, etc.	I Pulmouse, House			
was done, as saw mill, bank, etc				
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 9. Trade, profession, or particular kind of work work done, as saw mill, bank, etc. 11. Total time (years) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN)	Other contributory causes of importance:			
13. NAME Orlando Keyes 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	$ \left - \left(\frac{\sqrt{2}}{2} \right)^{\frac{1}{2}} \right $			
\$ 14. BIRTHPLACE (CITY OR TOWN)	Name of operation			
L (STATE OR COUNTRY)	What test confirmed diagnosis? Date of			
5 15. MAIDEN NAME Sucinda Shark	23. If death was due to external causes (violence), fill in also the following:			
15. MAIDEN NAME OUCING Shook	Accident, suicide, or homicide? Date of injury			
0 16. BIRTHPLACE (CITY OR TOWN). Σ (STATE OR COUNTRY)	Where did injury occur? (Specify city or sown, county, and State)			
17. INFORMANT Dean Keyes	Specify whether injury occurred in industry, in home, or in public place.			
(ADDRESS) Clinton mo	Manner of injury			
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury			
PLACE CONSISCENCE DATE - 29 1936	24. Was disease or injury-in any way related to occupation of deceased?			
19. FUNERAL DIRECTOR FAIL MUSICAL MADRESS)	(Signed) (Signed), M. D.			
20. FILED 1-31 - 1935 R Hamfitt	2/3 (Address) Chuston Ms			
(Licensed Embalmer's Statement on Reverse Side)				

ı



STATEMENT BY LICENSED EMBALMER

I,		, Licen	ised Embalmer No	
hander and if that the hadre rea	orded on the reverse side of this ce	ertificate was embalmed by		•
nereby certify that the body rec	orded on the reverse side of this ce	ertificate was embanned by	·····	
	L.E.		•	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************	
Noo	r by	, Regist	ered Apprentice No	
working under my personal supe	ervision.			•

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to a the above constitutes grounds for revocation of license.)

CHECKED IN RED PENCIL. BUREAU OF V CERTIFICA 1. PLACE OF DEATH (a) County Registration District (b) Township Primary Registration	on District No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	21. DATE OF DEATH (MONTH, DAY, AND YEAR) / ~ 28 .19-38 22. I HEREBY CERTIFY, That I attended deceased from, to
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw h alive on 19 Death is said
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	ther contributory causes of importance:
13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation. Date of
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT	What test confirmed diagnosis?
(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.	Manner of injury. Nature of injury.
19. FUNERAL DIRECTOR (ADDRESS) 20. FILED [8 0 19 38 DT, J. R. Hamilton Local Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) , M. D. (Address)
Locus pegistras.	