

REC'D MAR 20 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6841

1. PLACE OF DEATH

39 County Green Registration District No. 326 File No. 6
Township 2nd, Center Primary Registration District No. 5443 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henry H Keith 300

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ex Wm E Keith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 3 13

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. Raise on farm
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) Green Co. MO

13. NAME Wm E Keith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co, MO

15. MAIDEN NAME Ada Webb

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

17. INFORMANT (ADDRESS) Wm E Keith
Boonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockspring DATE 2/26/1938

19. UNDERTAKER (ADDRESS) A S Wallacks
Boonville, Mo

20. FILED 3/11 1938 Judge E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-10-1938 to 2-25-1938
I last saw him alive on 2-1-1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset 1932

Other contributory causes of importance: 59

Name of operation _____ Date of _____
What test confirmed diagnosis? Usual 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) W. B. Kinney, M. D.
(Address) Boonville 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.

