REC'D MAR 23 1938

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

Do not use this space.

File No. 7896

Registered No.

1. PLACE OF DEATH

County: Ralls

Township: Center

City: Center (No. ..... St. ..... Ward)

Registration District No. 7 2 1

Primary Registration District No. 4-9-5-6

2. FULL NAME Robert A. Keith

(a) Residence, No. 300 St., Ward.
(Usual place of abode) Ralls Co Infirmary
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1870

7. AGE: Years 67 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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. 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) Ralls Co Mo

FATHER

13. NAME James H. Keith

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

MOTHER

15. MAIDEN NAME Sara Lefever

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

17. INFORMANT (ADDRESS) C P Goodman Center

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newtondon DATE 2/14 1938

19. UNDERTAKER (ADDRESS) Fred Huey Center Mo

20. FILED Feb 14 1938 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937, to Jan. 12 1938

I last saw him alive on Jan. 12 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Myocarditis	1/12/38
G.H.D.	

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Exam. 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) C. H. Brooks, M. D.

(Address) Center, 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.