REG'D MAR 24 1938

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

Do not use this space.

File No. 8314

Registered No.

1. PLACE OF DEATH
County Scott
Township Richland
City Sikeston (No. , St. Ward)

Registration District No. 821
Primary Registration District No. 6070

2. FULL NAME William Henry Keasler 246

(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 20 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 Jennie Keasler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1869

7. AGE: YEARS 68 | MONTHS 4 | DAYS 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Galitan Co.
(STATE OR COUNTRY) Illinois

FATHER
13. NAME David Keasler
14. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Hubert Keasler
(ADDRESS) Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Omaha Ills. DATE 2/28/38, 19

19. UNDERTAKER Albritton Undertaking Co.
(ADDRESS) Sikeston Mo.

20. FILED 3-7 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1938 to Feb. 26, 1938

I last saw him alive on Feb. 26, 1938. Death is said to have occurred on the date stated above, at 3:30 m. PM.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: 8241

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) [signature], M. D.
(Address) Sikeston, Mo.

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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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