

REC'D MAR 25 1938

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

Do not use this space.

108

1. PLACE OF DEATH

County St. Louis
Township Grainwood
City St. Louis

Registration District No. 872
Primary Registration District No. 6156a

File No. 8396
Registered No. 340

2. FULL NAME

Clemmie Josephine Keithly

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. L. Keithly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22, 1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>all</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 137 to March 12, 1938. I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Cerebral hemorrhage Date of onset 3-5-38

Other contributory causes of importance:
Cardio-renal vascular disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Ch. King, M. D.

797 (Address) Nevada, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

13. NAME

J. H. McClintock

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

Ill.

15. MAIDEN NAME

Jennie Lawrance

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

Mo.

17. INFORMANT (ADDRESS)

C. L. Keithly

18. BURIAL, CREMATION, OR REMOVAL

PLACE Milg. Cem. DATE Mar 14, 1938

19. UNDERTAKER (ADDRESS)

Beery & Sons

20. FILED Mar. 14, 1938 Mrs. R. H. Earl Registrar.

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.

STATE DEPARTMENT WITH UNFADING INK—THIS IS A PERMANENT RECORD

