

REC'D MAY 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City S-T. JOSEPH, MO.

Registration District No. 86  
Primary Registration District No. 5127  
(No. R.F.D.#3)

File No. 14134  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JOHN A. KEOWN

(a) Residence, No. MAXWELL ROAD, R.F.D.#3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF KATIE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10, 1855

7. AGE YEARS 82 MONTHS 11 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, ILLINOIS.

FATHER 13. NAME J. A. KEOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, ILL.

MOTHER 15. MAIDEN NAME Martha Jean McQueen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, PA.

17. INFORMANT (ADDRESS) J. L. WEST, R.F.D.#3 St. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE APRIL 13, 1938

19. UNDERTAKER (ADDRESS) ELEEMAN & SON, INC. 1946 COLHOUN ST., ST. JOSEPH, MO.

20. FILED April 19 1938 B.H. Tisdell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 12, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-38, to 4-11-38

I last saw him alive on 4-9, 1938 Death is said to have occurred on the date stated above, at 12:15 m.

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

myocardial insufficiency 4/7/38

Other contributory causes of importance: 93 A 2.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Obituary as 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. St. Dawson M. D.

(Address) 6 75 Prairie

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

