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.

REC'D JUN 17 1938

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

Do not use this space.

19318

File No.
Registered No. 143

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond Mo. (No. , St. Ward)

Registration District No. 744
Primary Registration District No. 3035

2. FULL NAME Marshall M. Keel

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1868

7. AGE: Years 69 | Months 9 | 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. Farmer
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

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

FATHER
13. NAME Wm. H Keel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER
15. MAIDEN NAME Ann Mary Kinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT Howard Keel
(ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunny Slope DATE May 20, 1938

19. UNDERTAKER Brothers Funeral Home
(ADDRESS) Richmond Mo.

20. FILED 6-1, 1938 Murry B. McDonald
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1938, to May 19, 1938
I last saw h. alive on May 19, 1938. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Apr 18

9 H 18

Other contributory causes of importance: Arterial Sclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Dr. E. Q. Kerr M.D.
(Address) Richmond, Mo