

REC'D JUN 24 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Sullivan  
Township Green  
City Green Castle (No. ....)

Registration District No. 849  
Primary Registration District No. 6114A

File No. 19756  
Registered No. 34  
St. .... Ward)

## 2. FULL NAME

Ellen Mc Keenan ? 57

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Douglas Mc Keenan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
82 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Mo.13. NAME John Page14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Caroline Hensley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Willie Moddrell  
Green Castle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hannah Co. DATE May 5, 193819. UNDERTAKER (ADDRESS) Glenn E. Kent  
Green City, Mo.20. FILED June 9, 1938 Virginia Gibson Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4, 1938I HEREBY CERTIFY, That I attended deceased from March, 1938, to 5-4, 1938I last saw her alive on 5-4, 1938 at 8:30 A.M. Death is said to have occurred on the date stated above, at .....

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

acute Cholo Cystitis  
12 hrs  
Date of onset 5-4-38

Other contributory causes of importance: .....

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

What test confirmed diagnosis? Clyndal 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) B. J. Reynolds M.D.(Address) Green Castle 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.

