

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 JUL 12 1938

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

Do not use this space.

20842

1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Keokuk Primary Registration District No. 1002  
 City Keokuk (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2292  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 115 East 58 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor

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) Unknown

13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) Coroner Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk DATE 6/6/38

19. UNDERTAKER (ADDRESS) Benjamin Johnson

20. FILED 6-6, 1938 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw \_\_\_\_\_ alive on Coroner 5-2, 1938 Death is said to have occurred on the date stated above, at 10:30 AM

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

Injury by fall Date of onset \_\_\_\_\_

Fracture 1st thoracic and 2nd lumbar vertebrae

Fractured ribs - left

Other contributory causes of importance: 1860

\_\_\_\_\_  
 \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 5-2-38

Where did injury occur? K.P. Mo (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell from ladder

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) Arthur B. Hutton M. D. (Address) New Hope, K.P. Mo

