

REC'D JUL 17 1938

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

21600
Do not use this space.

1. PLACE OF DEATH

(a) County Clanton Registration District No. 172
(b) Township Salt Creek Primary Registration District No. 5239
(c) City _____ (d) Street No. _____ Registered No. 11
(e) Length of residence in city or town where death occurred 6 yrs 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 30.0

2. PRINT FULL NAME Sarah Agnes Keath

(a) Residence, No. R. F. D. # Radnerswick St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 William T. Keath
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1853
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 138

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

FATHER 13. NAME Daniel W. Foygathe

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

MOTHER 15. MAIDEN NAME Sarah B. Douglas

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

17. INFORMANT (ADDRESS) Myrtle Patterson
Branswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL Elmwood Ep. Bur. DATE June 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) H. A. Pruss & Son
Branswick, Mo.
20. FILED June 5, 1938 W. D. West Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. HEREBY CERTIFY That I attended deceased from Apr 1 - 1938 to June 4, 1938
I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

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

Paralysis of muscles of throat from hepatic myocarditis (Rheumatism heart)
Other contributory causes of importance: Septic arthritis of joints (Focal infection from teeth)

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

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) Harry C. Tatum, M. D.
(Address) Branswick Mo

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

STATEMENT BY LICENSED EMBALMER

I, Earl E. Prud'homme, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Prud'homme

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Earl E. Prud'homme

Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)