

REC'D SEP 14 1938

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

28405

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 898
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys Marie Keath

(a) Residence, No. 627 N. 25th St. Joseph, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rie R. Keath

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1938, to 8-30, 1938I last saw her alive on 8-30, 1938. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13, 1889to have occurred on the date stated above, at 5:35 p.m.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 9 17

Brain tumor

Date of onset

May-1938OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Brighton, Pennsylvania

Other contributory causes of importance:

Central compressionAug 26, 1938FATHER 13. NAME Albert J. Veilock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Brighton, PennsylvaniaMOTHER 15. MAIDEN NAME Bertha Ruppert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Brighton, Pennsylvania17. INFORMANT Rie R. Keath
(ADDRESS) 627 N. 25th St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE September 1, 3819. FUNERAL DIRECTOR Walter Meiershaffer
(ADDRESS) 1302 Ferson St. St. Joseph, Mo.20. FILED 9-1-38 A. J. Neumann
Local Registrar.Name of operation None Date of None
What test confirmed diagnosis? Lab. & Clin. exam an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Paul J. Jorgensen, M. D.(Address) St. Joseph, Mo.

878

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. [Signature]

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

Signed Wilbur H. Kelly
Licensed Embalmer No. 3946

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85-
(b) Township Primary Registration District No. 1001 Registered No. 898
(c) City St Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys Marie Heath

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 17

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

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from .. to .. to .., 19..

I last saw h. alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.

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

Brain Tumor
Diagnosis not confirmed as no autopsy allowed. Diagnosis confirmed by Dr. Frank
Date of onset

Other contributory causes of importance:
Teacher of Kansas City & by Dr. H. J. Jones St Joseph, Mo.

Name of operation Date of operation
What test confirmed diagnosis? 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) Paul Ferguson, M. D.
(Address) St Joseph Mo

STATE SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL TWENTY ARE COMPLETED AS PRESCRIBED BY LAW.

1938

5-28-1938