

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

Do not use this space.

REC'D SEP 21 1938

28883

1. PLACE OF DEATH

County Green

Registration District No. 315

Township Springfield

Primary Registration District No. 2001

City Springfield

(No. Burge Hospital)

File No. 611

Registered No. 611

St. Mo

Ward

2. FULL NAME

(a) Residence, No. Mrs. Mary Susan Keithley

Janeyville Mo

St. 340

Ward. Janeyville Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mr. Willis Keithley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1874

7. AGE

YEARS 64

MONTHS 2

DAYS 0

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House wife

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) Missouri

FATHER

13. NAME Mr. J. O. Ray

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

MOTHER

15. MAIDEN NAME Nancy David

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

17. INFORMANT (ADDRESS) Mrs Inez Hauke

18. BURIAL, CREMATION, OR REMOVAL PLACE Helgry DATE Aug. 5

19. UNDERTAKER (ADDRESS) Chaffin Funeral Home

20. FILED Aug 5 1938

Chas A George

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Aug 4, 1938.

I last saw him alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 10 p. m.

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

Encephalitis
(Cause unknown)

Date of onset 7-15-38

Other contributory causes of importance:

Pneumonia, lobar

Name of operation none 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? no

If so, specify

(Signed) Don H. Slesky

(Address) Springfield Mo

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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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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