REC'D SEP 9 1938

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

Do not use this space.

File No. 29550

Registered No.

1. PLACE OF DEATH
County Montgomery Co. Registration District No. 9 & 8
Township Kamsville Primary Registration District No. 4 & 6 Co.
City Wellsville (No. , St. Ward)

2. FULL NAME Geo. H Keith 3 & 0

(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 20 yrs. mos. ds. How long in U. S., if 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1884

7. AGE 54 YEARS MONTHS 1 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 0

12. BIRTHPLACE (CITY OR TOWN) Frankford 0
(STATE OR COUNTRY) Pike Co. Mo.

FATHER
13. NAME Geo B. Keith 0
14. BIRTHPLACE (CITY OR TOWN) Frankford
(STATE OR COUNTRY) Pike Co. Mo

MOTHER
15. MAIDEN NAME Emma Retta Hardwick
16. BIRTHPLACE (CITY OR TOWN) Frankford
(STATE OR COUNTRY) Pike Co. Mo

17. INFORMANT Wesley H. Page
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville DATE Aug 15 1938

19. UNDERTAKER F W Kuhlmann
(ADDRESS) Wellsville Mo

20. FILED Aug. 12 1938 Mrs. Elmer Gregory Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw him alive on Sudden Death Death is said to have occurred on the date stated above, at 3 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-11-38
Chronic Myocarditis	?
Chronic Nephritis	?
Other contributory causes of importance: Malaria	?

Name of operation none Date of —
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? No 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 Sudden Death
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. T. Andersen M. D.
(Address) Montgomery City, Mo
Coroner of Montgomery County

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

29530
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery Registration District No. 958
(b) Township Danville Primary Registration District No. 4486C Registered No.
(c) City (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 George H. Keith
(a) Residence, No. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Keith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6 1884
7. AGE: Years 54 Months 2 Days 5 If LESS than 1 day, ...hrs. or ....min.

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 Oct 8, 1938 Mrs Elmer Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

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

	Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) E. J. Andersen Coro
(Address) Montgomery City Mo.

SUPPLEMENTARY

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