CEC SEP 27 1938

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

Do not use this space. 29694

File No. ~~245~~ 246

Registered No. 668

1. PLACE OF DEATH

County: Pettis

Registration District No. 668

Primary Registration District No. 3632

City: Sedalia (No. ..., ... St. ... Ward)

2. FULL NAME: William Edwin Keeran

(a) Residence, No. 620 Heard, Sedalia St., Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Lula S. Keeran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 11, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	3	

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion, Missouri

FATHER

13. NAME: Wesley Keeran

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

MOTHER

15. MAIDEN NAME: Nancy Calvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martinsburg, Illinois

17. INFORMANT (ADDRESS): Mrs. Minnie Walters, 620 Heard, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marion, Mo. DATE: 8/16/38, 19

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED: Aug 15, 1938 Grace Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1938, to Aug. 14, 1938
I last saw him alive on Aug. 14, 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Aug 13 1938
Other contributory causes of importance:	
Hypertension	2 yrs
Chronic interstitial nephritis	1 yr

Name of operation: None Date of: None
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: None
(Signed) Chas. Nuss, M.D.
(Address) 2 Stores Sedalia

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.

Dr. McNeil

RECEIVED
District Health Officer No. 8,
Client File Number
Date Filed 9/9/38

JUL 21 1954