

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.

NOV 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wright Registration District No. 906
Township Gasparade Primary Registration District No. 6221
City (No. _____) St. _____ Ward _____

File No. 37144
Registered No. 23

2. FULL NAME

Still Born (Keeling)

(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 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) _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min. _____

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. _____
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) Wright Co., Mo.
13. NAME Columbus Keeling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manfield Mo.
15. MAIDEN NAME Fay Horcross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manfield Mo.

17. INFORMANT Columbus Keeling (ADDRESS) Manfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wolf creek DATE Sept 28 1938

19. UNDERTAKER J. R. Pugh (ADDRESS) Manfield Mo.
20. FILED 1 1938 Carolyn Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ 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:

Still Born
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) J. R. Math _____ M. D.
(Address) Hartsville Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-611

Date Filed NOV 14 1938