

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.

1938 JAN 4 1938

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

Do not use this space.

42622

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City Cape Girardeau (No.), 910 South Sprigg St. Ward

File No.
Registered No. 390

2. FULL NAME Martha Keene

(a) Residence, No. 910 South Sprigg 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Redman T. Keene
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Cape County, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Robert J. Campbell

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

15. MAIDEN NAME Caroline Prince

16. BIRTHPLACE (CITY OR TOWN) Scott County, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. J. Campbell (ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New McKendree Cemt DATE Dec. 20 1938

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 12-19-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1938, to Dec. 19 1938
I last saw her alive on Dec. 14 1938. Death is said to have occurred on the date stated above, at 8:00A. m.

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

Pulmonary Tuberculosis Date of onset
Other contributory causes of importance: none

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) A. E. Dalton M. D.
(Address) Cape Girardeau Mo

