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.

REG'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Iron
Township: Arcadia
City: Ironton (No. 500, St., Ward)
Registration District No.: 391
Primary Registration District No.: 4230
File No.: 2532
Registered No.: 8

2. FULL NAME: SHELBY ANN KEEN

(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-12-1937

7. AGE: Years 1; Months 4; Days 23; 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.:
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) (STATE OR COUNTRY): Cadet Mo.

FATHER
13. NAME: Leslie Keen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Mo.

MOTHER
15. MAIDEN NAME: Josephine Wilkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadet Mo.

17. INFORMANT (ADDRESS): Leslie Keen Cadet Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Toto Mo. DATE: 1-20 1939

19. UNDERTAKER (ADDRESS): J. B. Boyer Fun. Toto Mo.

20. FILED: Jan 21 1939 R. A. Rauche, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1939, to Jan. 19, 1939
I last saw h. on alive on Jan. 18, 1939. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Pneumococcic	1-13-39
DS	
Other contributory causes of importance: Pneumonia, Lobar	12-28-38

Name of operation: No. Date of:
What test confirmed diagnosis? Spinal puncture 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) Ben M. Bull, M. D.
(Address) IRONTON, MO.