

REC'D FEB 6 1938

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

Do not use this space.

3219

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township " Primary Registration District No. 58022
City New Madrid (No. 4358) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Joie Ellen Keaton

(a) Residence, No. _____ St. _____ Ward Portageville Mo. R. 1.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 21

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) Point Pleasant (STATE OR COUNTRY) Mo.

13. NAME J. J. Keaton

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Belle Godey Laws

16. BIRTHPLACE (CITY OR TOWN) Point Pleasant (STATE OR COUNTRY) Mo.

17. INFORMANT Belle Keaton (ADDRESS) Portageville Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville Mo DATE Dec 17 1938

19. UNDERTAKER Richards Hud Co. (ADDRESS) New Madrid Mo

20. FILED 1/12 1939 Wm O. Bannan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938
22. I HEREBY CERTIFY, That I attended deceased from 12/16, 1938, to 12/16, 1938.
I last saw him alive on 12/16, 1938. Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:

in Diphtheria
Date of onset 12/16/38
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? no
If so, specify _____
(Signed) Wm O. Bannan M. D.
530 (Address) SP. H. O. New Madrid Mo

This certificate is to be filed in the office of the registrar of vital statistics, and a copy of the same shall be sent to the county clerk of the county in which the death occurred.

