

1939 MAR 16

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

Do not use this space.

7427

1. PLACE OF DEATH
 County Putnam Registration District No. 119
 Township North Primary Registration District No. 1190
 City Putnam (No. _____) St. _____ Ward _____

2. FULL NAME Jesse M. Keble
 (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 50 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Leota Keble

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73

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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leota Keble

13. NAME James M. Keble

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

15. MAIDEN NAME Susan Muel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT E. S. Luning
 (ADDRESS) 24 Grand St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel DATE 2-21 1939

19. UNDERTAKER W. J. Varner
 (ADDRESS) 24 Grand St.

20. FILED 2-21, 1939 W. J. Varner
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 18 1939

22. I HEREBY CERTIFY, That I attended deceased from as coroner case only, 1939
 I last saw as coroner case only, 1939. Death is said to have occurred on the date stated above, at 11:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary embolism
930
 Other contributory causes of importance:
Chronic myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1939
 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 Chronic myocarditis
 (Signed) E. S. Luning, M. D.
 (Address) Corner 9 Putnam County

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.

RECEIVED
District Health Officer No. 8,
District No. Number
Date Filed 3/3/39