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.

REC'D MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH
80 County Pettis 2 Registration District No. 667 File No. 7465
Township Lamonte 1 Primary Registration District No. 5888 Registered No.
City (No. , St. Ward)

2. FULL NAME 250 William Arthur McKeehan
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah McKeehan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7 1856
7. AGE YEARS 82 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Mo.

FATHER
13. NAME Thomas McKeehan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME X unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X "

17. INFORMANT (ADDRESS) J. G. McKeehan Lamonte Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Knob Noster Mo. DATE 1-24 1939
19. UNDERTAKER (ADDRESS) C. L. Scott Knob Noster Mo.
20. FILED 2-8 1939 B. F. Carson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Jan 22, 1939
I last saw him alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:
(1) Chr Valvular Disease
Date of onset
131
Other contributory causes of importance:
(1) Chronic Nephritis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) [illegible] M. D.
(Address) Knob Noster Mo
603

ECEIVED
istrict Health Officer No. 8,
istrict File Number
Date Filed 3/3/39