MAY 18 1939

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

Do not use this space.

File No. 14602

Registered No. 44

1. PLACE OF DEATH

County: Clay

Township: Fishing River

City: Excelsior Springs, Mo. St.: Veterans Administration Facility Ward: 3d

Registration District No. 198

Primary Registration District No. 8011

2. FULL NAME KEAGY, Robert B.

(a) Residence, No. 1701 Pearl Street St., Ward. Joplin, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Helen Keagy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Mo.

FATHER

13. NAME Samuel Keagy

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

MOTHER

15. MAIDEN NAME Laura Bridewell

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Mo. DATE 4-4-39, 19

19. UNDERTAKER (ADDRESS) JOHN C. PRATHER

20. FILED Apr 5, 1939 Excelsior Springs, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1939, 19, to Apr. 4, 1939, 19

I last saw him alive on Apr. 4, 1939, 19. Death is said to have occurred on the date stated above, at 3:00 m. a. m.

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

	Date of onset
Diabetes mellitus	

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Other contributory causes of importance:

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, 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) John E. Kelly, M. D.

(Address) JOHN E. KELLY, MD, Manager Veterans Administration Facility Excelsior Springs, Missouri

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 File Number

Date Filed 5/3/39