

REC'D MAY 18 1939

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

Do not use this space.

15772

1. PLACE OF DEATH
 80 County Pettis Registration District No. 068
 4 Township _____ Primary Registration District No. 3039
 4 City Sedalia (No. 1315 1/2, W. Main)
 2. FULL NAME William Keeney
 (a) Residence, No. 1315 1/2 W. Main St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 140
 St. _____ Ward _____

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 Margaret Keeney
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 14
 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) Pettis County (STATE OR COUNTRY) Missouri
 13. NAME Franklin Keeney
 14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) _____
 15. MAIDEN NAME Susan Do not know
 16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) _____
 17. INFORMANT Mrs Margaret Keeney (ADDRESS) Sedalia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Presden DATE 4-21-39
 19. UNDERTAKER Mrs Laughlin Bros (ADDRESS) Sedalia Mo.
 20. FILED 4-22-39 Mrs Harry Sneed Registrar. 966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1939
 22. I HEREBY CERTIFY, that I attended deceased from April 14 1939 to April 21 1939
 I last saw him alive on April 20 1939. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Strangulated Hernia
 Other contributory causes of importance: 12 1/2 hrs
 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) W. S. Sweeney, M. D.
 (Address) Sedalia

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.

RECORD OF DEATHS OF ADULTS INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 375/39
Date Filed _____