

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 JUN 13 1939

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

Do not use this space.

19644

1. PLACE OF DEATH

County St. Francois Registration District No. 772
Township Elaine Primary Registration District No. 4463
City James Wesley Keay

File No. _____
Registered No. 873
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Levada Keay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Messenger</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Joplin</u>
	10. Date deceased last worked at this occupation (month and year) <u>1/27</u>
	11. Total time (years) spent in this occupation <u>no</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Francois Co.

MOTHER FATHER 13. NAME William Keay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Francois Co.

15. MAIDEN NAME Emma Beard

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

17. INFORMANT Wm Keay
(ADDRESS) 918 So 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Hambly Co DATE 6-8-39
St. Francois Co.

19. UNDERTAKER (ADDRESS) Sparks Ind & Elwin

20. FILED 6-4 1939 C. B. Barron M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939

22. I HEREBY CERTIFY, that I attended deceased from May 29th 1939 to June 2nd 1939

I last saw him alive on _____ 19____. Death is said

to have occurred on the date stated above, at 7:20 P.M.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 73

Name of operation none 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? no
If so, specify worked underground for coal

(Signed) E. E. Whiteside, M. D.

(Address) Elaine Mo.

