

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

44241
 Do not use this space.

JAN 19 10 10 AM '40

1. PLACE OF DEATH
 (a) County Pe. M. I. S. C. O. T. Registration District No. 1099
 (b) Township Little River Primary Registration District No. 5868 Registered No. _____
 (c) Porterville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CARRIE L. NORA KEITH
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louie Keith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 12 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	54	9	13	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Tenn

FATHER

13. NAME Columbus Smith

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

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) A. R. Keith
Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 12/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Pauls Emerald
Portageville Mo

20. FILED Jan 3 1940 J. J. Pressay
City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1939, to May 8, 1939.
 I last saw him alive on May 8, 1939. Death is said to have occurred on the date stated above, at 11 A.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Acute Cardiac Failure
Chronic Myocarditis
 Other contributory causes of importance: 54

Date of onset 1935

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Raymond C. Casper, M. D.
 (Address) Portageville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X1893

RECEIVED

District Health Officer No. 3,

District File Number 140-753

Date Filed 1/5/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.