

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FILED MAR 7 - 1940

1. PLACE OF DEATH

County Montgomery Registration District No. 592
Township _____ Primary Registration District No. 4350
City Montgomery City _____ St. _____ Ward _____

File No. 7474
Registered No. 5

2. FULL NAME

Arthur B. Bain Keadle
(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 male 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 Carla Keadle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 3 4

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

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

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co mo

13. NAME George Keadle

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

15. MAIDEN NAME Elizabeth Barber

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

17. INFORMANT (ADDRESS) Emma Keadle

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville mo DATE Feb 16 1940

19. UNDERTAKER (ADDRESS) J. W. Kuhn

20. FILED Feb. 15 1940 Paul Keadle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from FEB 14, 1940, to FEB 14, 1940

I last saw him alive on FEB 14, 1940. Death is said to have occurred on the date stated above, at 5:30 P.

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

Coronary Occlusion Date of onset 2/14/40

Other contributory causes of importance:

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 _____

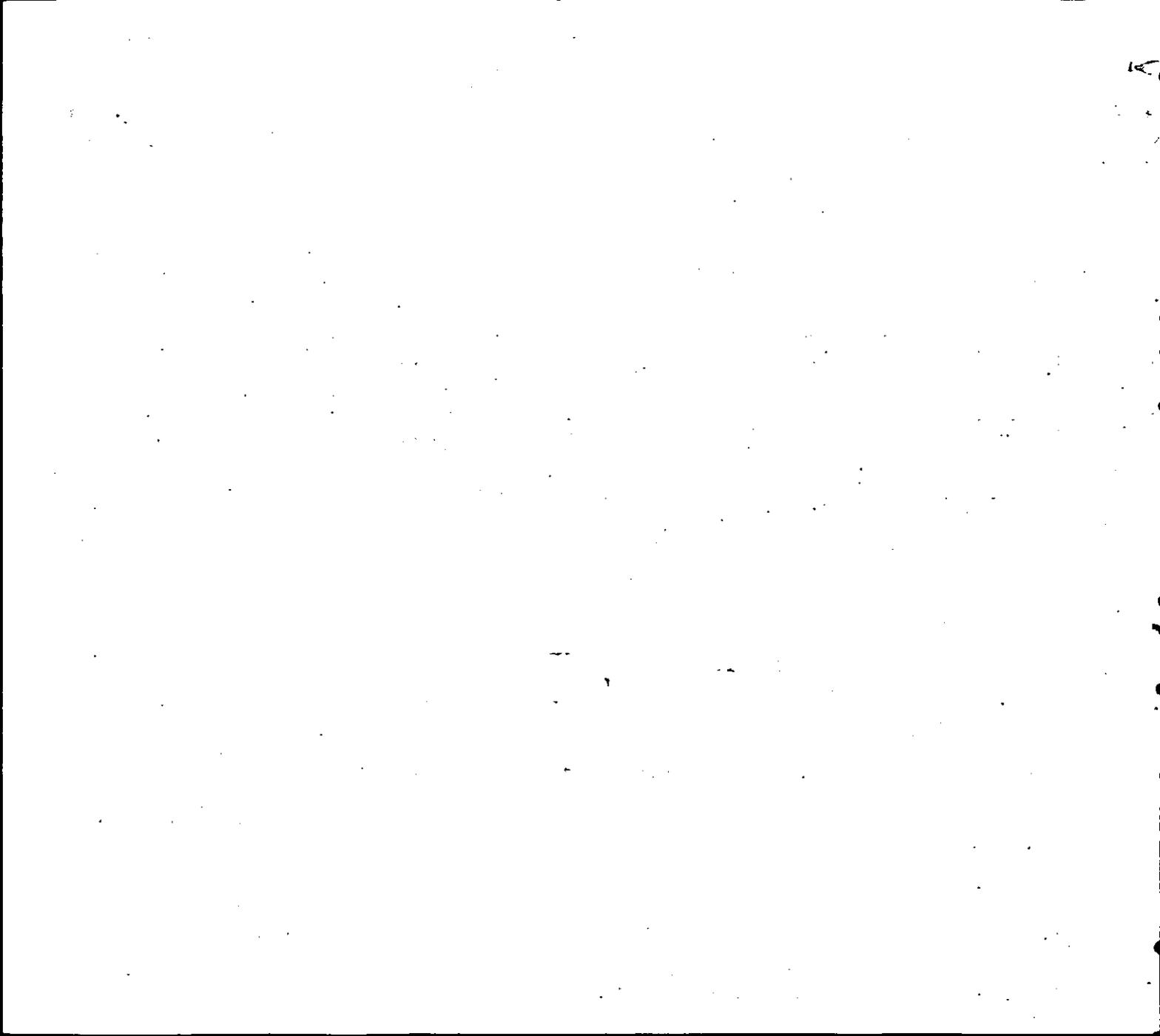
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) N. W. Alexander M. D.

(Address) Jonesburg Mo.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7474

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 592

Primary Registration District No. 4350

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Wellsville
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Artemus Bain Headle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb day 14
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 3 Days 4 If less than one day _____ min.

Immediate cause of death _____

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Due to _____

Due to _____

10. Usual occupation _____

Other conditions: (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Of autopsy _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

22. If death was due to external causes, fill in the following:

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director _____

(b) Address _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) Feb. 15 (b) 40 Paul Neufue
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature J. W. Alexander (M. D. or other) _____
Address Jonesburg Date signed _____

SUPPLEMENTARY

