

FILED DEC 11 1940

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

Do not use this space.

1. PLACE OF DEATH *330 Good Hope*
 County *Cape Girardeau* Registration District No. *120*
 Township *Cape Girardeau* Primary Registration District No. *3009*
 City *Cape Girardeau* No. *20* St. _____ Ward _____

2. FULL NAME *Joseph H. Keyes*
 (a) Residence, No. *230 Good Hope* 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.

38379

 File No. _____
 Registered No. *406*
 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 *Cara Keyes*
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 16 - 1867*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 25

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

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) *Egypt Mills*
 (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *John Keyes* 9

14. BIRTHPLACE (CITY OR TOWN) *Ida Grove* 7
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Cara Anelli*

16. BIRTHPLACE (CITY OR TOWN) *Ida*
 (STATE OR COUNTRY)

17. INFORMANT *Cara Keyes*
 (ADDRESS) *Cape Girardeau*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Madre Chapel* DATE *12-1-40*
11-30, 19

19. UNDERTAKER *Seaboard Funeral Home*
 (ADDRESS) *Cape Girardeau Mo*

20. FILED *11-30*, 19 *41* *John Thompson*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-30*, 19 *40*

22. *16* HEREBY CERTIFY, That I attended deceased from *10* to *11-30*, 19 *40*

I last saw him *14* alive on *10-27*, 19 *40* Death is said to have occurred on the date stated above, at _____ m.

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

Ch. Valvular
Capros Dis
 Date of onset *131*

Other contributory causes of importance:

Nephritic Ch

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) *W. Smith* M. D.

(Address) *Cape Girardeau*

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.

Was embalmed by W. H. Ester
License 3568