

No. 2
-5-42
5-17-43
FILED SEP 8 1943

State File No. _____

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Banner
(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 two weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 12 miles West of Banner
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Franklin Keith

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Keith 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 14 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Washington County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Peter Keith

13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Maria McClain

15. Birthplace Quaker Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Keith

(b) Address Goodland Missouri

17. (a) burial (b) Date thereof 8-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 8/28 43 (b) Mrs J.C. Ruder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/10 to 8/23 19 43
that I last saw him alive on 8/21 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumonia

Due to Streptococcus infection of internal ear

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.P. Yeargan (M. D. or other) _____

Address J.P. Yeargan Date signed 8-29-43

Duration

8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. 10

1. PLACE OF DEATH:
 (a) County: Iron
 (b) City or town: Banner Iron Mine
(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 years, months or days)

3. (a) PRINT FULL NAME: John Franklin Keith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: m 5. Color or race: W
 6. (a) Single, widowed, married, divorced: m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive: _____ year

7. Birth date of deceased: Aug 14 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days _____ If less than one day, _____ min.
 Birthplace: _____ mo. (City, town, or county) (State or foreign country)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

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

17. (a) _____ (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 23
 year 1943 day _____ minute _____ M.

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

Immediate cause of death: hyperstatis pneumonia, 2 days
 Duration _____

Due to: Staphylococcus infection of internal ear.

Due to: _____

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

Major findings: Of operations: _____
 Of autopsy: _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence _____

(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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature: J. H. George (M. D. or other) _____
 Address: Grand Date signed: Apr 23 1943

BLACK TRIC--MAKE A PERMANENT RECORD

SUPPLEMENTARY

283915