

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Leesville
City Leesville

Registration District No. 347
Primary Registration District No. 5501 A

File No. 17907
Registered No. 69
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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 9 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Port Angeles
(STATE OR COUNTRY) Washington

10. NAME OF FATHER Dr. Mrs. Sylvia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT J. Ed. Keith
(Address) Coal, Mo.

15. FILED 5/29 1929 Ed. C. Keller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/2 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/26, 1929, to 5/2, 1929, that I last saw her alive on 4/28, 1929, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of colon

H&C (duration) yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF Mar 27 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. C. Banta, M. D.
, 19 (Address) Coal, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL 5/3 1929

20. UNDERTAKER Dr. W. C. Banta ADDRESS Coal, Mo.

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.

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