

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

Do not use this space.

1. PLACE OF DEATH

66 County Miller Registration District No. 564
Township Equality Primary Registration District No. 5758
City Tuscumbia (No. _____) St. _____ Ward _____

File No. 5436
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Henry Keeth

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanch Keeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19-1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>3</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

10. NAME OF FATHER A. J. Keeth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.
12. MAIDEN NAME OF MOTHER Mary Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

14. INFORMANT Mrs. Blanch Keeth
(Address) Tuscumbia, Mo.

15. FILED Feb. 4, 1932 S. H. Korman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1932 to Feb. 3, 1932
that I last saw h. l. (77) alive on Feb. 3, 1932, and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Solar Pneumonia

108 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No. (1)

WHAT TEST CONFIRMED DIAGNOSIS Syntonas
(Signed) S. H. Korman, M. D.
Feb. 4, 1932 (Address) Tuscumbia 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 Pleasant Hill Cemetery Miller Co. Mo. DATE OF BURIAL Feb. 5 1932

20. UNDERTAKER Casey & Adams ADDRESS Sherin, 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. FEB 24 1932

24