

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

Do not use this space.

NOV 25 1935

32510

**1. PLACE OF DEATH**

County *Lewis*  
Township *42*  
City *Clinton* (No. *4*)

Registration District No. *347 V*

Primary Registration District No. *3018*

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

*1* *7* *4* *42* **Harry Dean Keyes**  
(a) Residence, No. *South Orchard* 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 *Elizabeth Baldaru*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-4-1904*

7. AGE YEARS *31* MONTHS *1* DAYS *1* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chief*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) *Clinton* (STATE OR COUNTRY) *Mo.*

13. NAME *Dean W. Keyes*

14. BIRTHPLACE (CITY OR TOWN) *Michigan* (STATE OR COUNTRY)

15. MAIDEN NAME *Joy Bledsoe*

16. BIRTHPLACE (CITY OR TOWN) *Clinton* (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Symon Keyes* (ADDRESS) *Clinton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Englewood* DATE *10-7-1935*

19. UNDERTAKER *Jimmie General Home* (ADDRESS) *Clinton, Mo.*

20. FILED *10-12-1935* *J. R. Hampton* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-5-1935*

22. I HEREBY CERTIFY, That I attended deceased from *October 4*, 19*35*, to *Oct 5*, 19*35*. I last saw him alive on *Oct 5*, 1935. Death is said to have occurred on the date stated above, at *7:30 P.* m.

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

*Concussion of brain  
fracture of leg -  
Emphysema of chest*

Date of onset  
*Oct 5 1935*  
*217*

Other contributory causes of importance: *10M*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

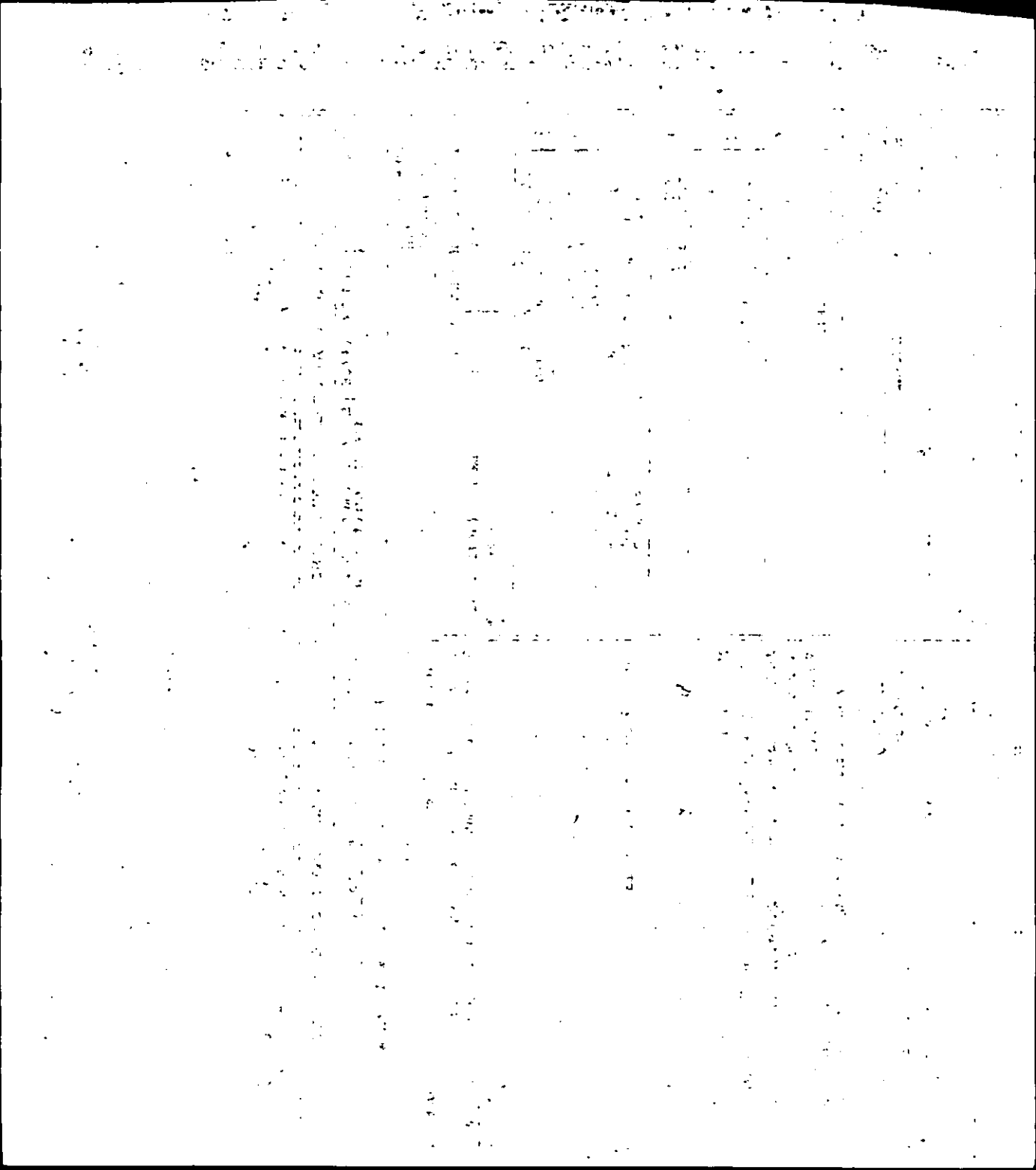
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Accident* Date of injury *10-5-1935*  
Where did injury occur? *Highway 13* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *Auto accident*  
Manner of injury *Automobile accident*  
Nature of injury *As above*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *J. W. Wolpin*, M. D.  
(Signed) \_\_\_\_\_ (Address) *Clinton, Mo.*

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



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 state 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 FOR MUST NOT USE THIS SECTION  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH  
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Harry Dean Keyes  
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>31</u>	MONTHS <u>1</u>	DAYS <u>1</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) (STATE OR COUNTRY)				
MOTHER FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE		DATE		
19. UNDERTAKER (ADDRESS)				
20. FILED <u>10-12-35</u> <u>J. P. Hampton</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
auto accident  
(passenger in car)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
2/10

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? accident 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.  
Highway 13 auto accident  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) S. W. Waltzen, M. D.  
 (Address) Clinton

DEC 10 1965

5-32610