

MAY 21 1936

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

Do not use this space.

14933

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____, St. _____, Ward _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____

2. FULL NAME

Josephine Gray Keeler
(a) Residence, No. 309 N. Carter St. _____, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin Keeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-1864
7. AGE YEARS 71 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Clifford Co. Mo.
(STATE OR COUNTRY)MOTHER / FATHER 13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)17. INFORMANT Clarence A. Keeler
(ADDRESS) Kansas City Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood cemetery 4-8 3619. UNDERTAKER Ed. Wilkinson
(ADDRESS) Clinton Mo20. FILED 4-11 1936 J. R. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936 to April 6, 1936I last saw her alive on April 5, 1936 Death is saidto have occurred on the date stated above, at 5:15 P. m.

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

pulmonary edema due to cardiac decompensation Jan 8/36 Date of onsetOther contributory causes of importance: Chronic myocarditis 1934Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

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 none

Nature of injury _____

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

If so, specify _____

(Signed) S. B. Hughes, M. D.(Address) Clinton, 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.

