

MAY 21 1936

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

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14940

1. PLACE OF DEATH

County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. 412, S. Mc Lane) St. _____ Ward _____

File No. _____

Registered No. _____

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 4 1/2 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mellie Keyes6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-18857. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 5 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

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 life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo.13. NAME Lyman E. Keyes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Clara Dean16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Mellie Keyes Clinton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4-28-3619. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton, Mo.20. FILED 4-288 1936 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 193622. I HEREBY CERTIFY, That I attended deceased ~~from~~ 4-27 1936, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:30 Am.

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

Coronary Thrombosis
Diagnosed made from
Cash history of 18 months
ago and from a history
of Severe Stomach pain

Other contributory causes of importance:

Radical prosthesis
18 hours preceding death

Name of operation _____ Date of _____

What test confirmed diagnosis? 948 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 _____

Nature of injury _____

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

If so, specify _____

(Signed) Ed. C. Peltor, 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.

ON-ADAMS-INK-THIS IS A PERMANENT RECORD

[The body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately. The layout suggests a standard letter or report format.]