

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. 23818
Township White Oak Primary Registration District No. 5495 Registered No. _____
City Wichita Mo. (No. _____) St. _____ Ward _____2. FULL NAME Rachel Marria Keys

(a) Residence, No. _____ St. _____ Ward _____ (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>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Keys</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 - 1853</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Logansport, Ind</u>		
13. NAME <u>Jonathan M. Ingham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary E. Miskimins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>J. R. Hamilton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wich Mo</u> DATE <u>June 22 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Smith & Graham</u> <u>Wich Mo</u>		
20. FILED <u>June 28 1937</u> <u>J. R. Hamilton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 20 1937</u>	Date of onset
22. I HEREBY CERTIFY, that I attended deceased from <u>Apr 14</u> 19 <u>37</u> , to <u>June 20</u> 19 <u>37</u> I last saw <u>her</u> alive on <u>June 20</u> 19 <u>37</u> . Death is said to have occurred on the day stated above, at <u>7 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Cardiac Asthma</u>	
Other contributory causes of importance: <u>95</u>	
Name of operation <u>none</u> Date of _____	
What test confirmed diagnosis? <u>none</u> Was there an autopsy? _____	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Y</u> Date of injury <u>Y</u> 19 <u>37</u> 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 <u>Y</u>	
Nature of injury <u>Y</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. W. Galbreath</u> M. D. (Address) <u>Wich Mo</u>	

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