

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32995
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 562
 (b) Township Richwoods Primary Registration District No. 5757
 (c) City Iberia (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dora Adams Keeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 16 - 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Iberia (STATE OR COUNTRY) Mo

13. NAME John Keeth
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 1

15. MAIDEN NAME Catherine Whittle
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 1

17. INFORMANT Dora Adams (ADDRESS) Iberia

18. BURIAL, CREMATION, OR REMOVAL Iberia, Mo. PLACE Iberia, Mo. DATE 8/14/39

19. FUNERAL DIRECTOR (NAME) C. L. Casey (ADDRESS) Iberia, Mo.

20. FILED Oct 7, 1939 Mrs. W. L. Van Gundy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31 1939, to Aug. 12 1939

I last saw him alive on Aug. 4 1939. Death is said to have occurred on the date stated above, at 3 PM. The principal cause of death and related causes of importance were as follows:

Congestion of brain
Severe concussion of brain due to a fall
Fall came as a result of
Vertigo produced by malaria
 Other contributory causes of importance: Cirrhosis of liver

Name 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. accident Date of injury 1-14 1939
 Where did injury occur? home - Iberia, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell while vertigoed
 Nature of injury concussion of brain

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Myron D. Jones M. D.
 (Address) Brunley, Mo.

RECEIVED

Miller County Health Dep't.

County File Number 39-117

Date filed 10-10-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Laron Adams, Registered Apprentice No. 211
working under my personal supervision.

Signed.....[Signature]

Licensed Embalmer No. 2694

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.