

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

Do not use this space.

34741

1. PLACE OF DEATH

County Jasper
Township Wagon
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

Leopold Arthur Keeling
(a) Residence, No. 1107 James St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Georgia May Erwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2nd 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>38</u>	<u>7</u>	<u>11</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amery

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) Jasper County Mo.

13. NAME Leopold Keeling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Martilda Gregory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Mrs L. A. Keeling Wife (ADDRESS) 1107 James St. Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Oct 16th 1931

19. UNDERTAKER Wm. Drake (ADDRESS) Carthage Mo.

20. FILED 10-15 1931 E. W. Ketchum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1931, to 10/13, 1931. I last saw him alive on 10/12, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonillar abscess left following acute follicular tonsillitis
115A
Other contributory causes of importance: none
Date of onset 10/4/31

Name of operation Incision abscess Date of 10/12-31
What test confirmed diagnosis Pr. condenser Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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?
If so, specify no
(Signed) H. A. La Zelle, M. D.
(Address) Carthage Mo

WHITE 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.

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