

WRITE 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.

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

Do not use this space.

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1. PLACE OF DEATH
17 County Carroll Registration District No. 136
Township Beverly Primary Registration District No. 4076
City Bosworth (No. 136) St. 2 Ward

2. FULL NAME John - A. Keynor
(a) Residence, No. 51 Ward.
(Usual place of abode) (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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Keynor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-27-1862
7. AGE YEARS 70 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fanner
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) Ind
13. NAME Wm. H. Keynor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Mary Kullberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT Mary Ellen Underwood
(ADDRESS) Waverly mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton DATE Jan-6 19. 33
19. UNDERTAKER Miss Raymond
(ADDRESS) 309 Waverly mo
20. FILED Jan 5 1933 Calvin Hickerson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-4 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Jan 4 1933
I last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 4:38 AM
The principal cause of death and related causes of importance were as follows:
Influenza Pneumonia Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis 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?
If so, specify
(Signed) W. B. Brown M. D.
(Address) Bosworth mo

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of said County at [Location], this [Date] day
 of [Month], 19[Year].

[Signature of County Clerk]