

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.

SEP 26 1936

29767

1. PLACE OF DEATH

County Andrew
Township Empire
City (No.)

Registration District No. 15
Primary Registration District No. 3018

File No.
Registered No. 11
St. Ward

2. FULL NAME

Alice Elizabeth Keyes
(a) Residence, No. Near Union Star, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. James Keyes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29, 1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>77</u>	<u>7</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>July, 1936</u>			
				11. Total time (years) spent in this occupation. <u>52 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashton, Ill.</u>				
MOTHER	13. NAME <u>Rueben' Harkeyman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dayton, Ohio</u>			
	15. MAIDEN NAME <u>Charity Bellmire</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Baltimore, Maryland</u>			
17. INFORMANT <u>G. B. Tyler</u> (ADDRESS) <u>Union Star, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> DATE <u>Aug. 13, 1936</u>				
19. UNDERTAKER <u>Lucile M. Wilson</u> (ADDRESS) <u>King City, Mo.</u>				
20. FILED <u>Aug 13, 1936</u> <u>Mrs E. C. Jefferies</u> , Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

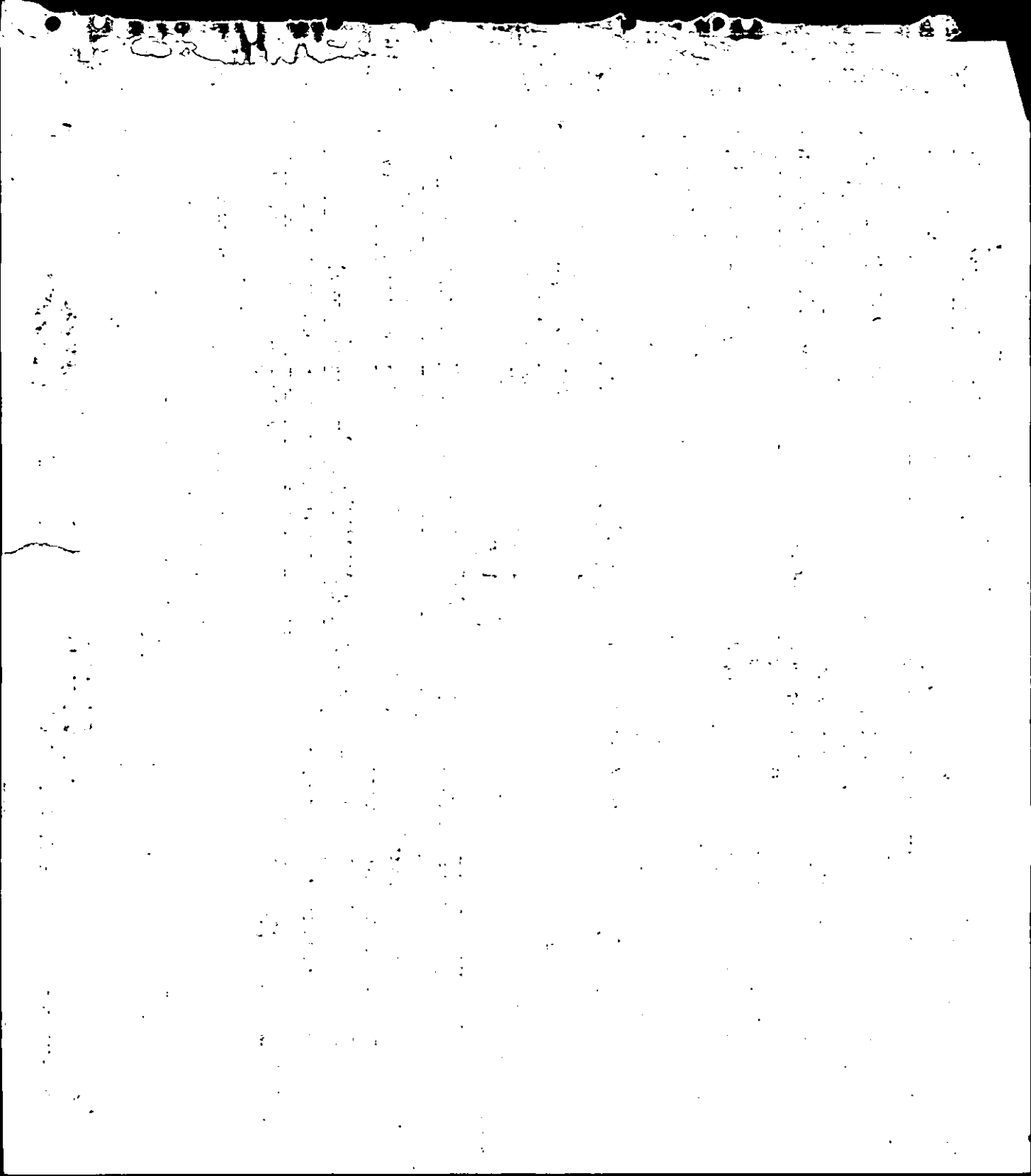
22. I HEREBY CERTIFY, That I attended deceased from August 2, 1936, to August 12, 1936
I last saw him alive on August 11, 1936 Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Cervix Date of onset 1926
Carcinoma of liver
Other contributory causes of importance: 4B.

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? 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 Putney E. Rockhold, No., Mo.
(Signed) Putney E. Rockhold, No., Mo.
(Address) Union Star, Mo.



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1. PLACE OF DEATH

County Andrew

Registration District No. 15

File No.

Township Empire

Primary Registration District No. 3018

Registered No. 11

City..... (No....., St..... Ward)

2. FULL NAME

Alice Elizabeth Keyes

(a) Residence, No..... St..... Ward.....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX J 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 77 MONTHS 7 DAYS 14 If less than 1 yr. hrs. 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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Aug 13, 1936 Mrs E C Jeffries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

22. I HEREBY CERTIFY that I attended deceased from Aug 30, 1936, to August 11, 1936

I last saw him alive on August 11, 1936 Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Carcinoma of esophagus
(Primary) & Carcinoma of liver
Secondary

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Father & Ruckelshaus D. O.
(Address) Union Star, Mo.

WHITE PLAIN, WITH ADVANCEMENT 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.

SUPPLEMENT

29767

WATERBURY

10-1-67