

REC'D JUL 21 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township WASHINGTON
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. STATE HOSPITAL 42)

File No. 21410
Registered No. 568
Ward

2. FULL NAME

John Mc Keener
(a) Residence, No. Jackson Co. St. Ward.
(Usual place of abode)

(Kinman) 25

Length of residence in city or town where death occurred 38 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNKNOWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Lathrop, Mo.

MOTHER 13. NAME Edward Mc Keener

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

15. MAIDEN NAME Catherine Mc Keener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennay, Iowa

17. INFORMANT (ADDRESS) Hosp. Records, STATE HOSPITAL ST. JOSEPH, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE LATHROP, MO. DATE July 4, 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO

20. FILED 6/30 1938 A. Hestlbush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 6 1937, to June 30 1938
I last saw him alive on June 29 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia (Primary) Date of onset 6-29-38

Other contributory causes of importance: 10 7 1/2

Name of operation _____ 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 R. Kuhlman M. D.
(Address) State Hosp. no. 2

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.

