

REC'D OCT 15 1938

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

31193
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Moore Primary Registration District No. 1002 Registered No. 3490
(c) City Keokuk (d) Street No. 1210 Broadway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1210 Broadway St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2-38 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1875

22. I HEREBY CERTIFY, That I attended deceased from

7. AGE YEARS 62 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

I last saw him Sept 27 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Druggist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 92

Chronic myocarditis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

Other contributory causes of importance:

13. NAME Arthur Yates

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

15. MAIDEN NAME Agnes Stuckelberg

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

17. INFORMANT (ADDRESS) James J. Yates 1210 Broadway

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem. Keokuk

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Symons 223 Prospect

Manner of injury Nature of injury

20. FILED Sept 5, 1938 M.M. Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Arthur H. Smith M. D. (Address) Keokuk, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.