

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

Do not use this space.

17854 ✓

1. PLACE OF DEATH

County Cass
Township Jaffron
City Belle Keuple

Registration District No. 213-
Primary Registration District No. 3014-

File No. _____
Registered No. 163-
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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>Phos Keuple</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 11-1862</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>7</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Cass Mo

10. NAME OF FATHER
John Mantle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
England

12. MAIDEN NAME OF MOTHER
Eliza Bank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
England

14. INFORMANT (Address)
Lawson James Jeff. City Mo.

15. FILED 6/25-1927 D. V. Bedford

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)
June 23 27

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following Removal of Gall Bladder

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) N. V. Bedford M. D.
(Address) Jeff. City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Reschel Cem **DATE OF BURIAL** June 27

20. UNDERTAKER Arwen Harn **ADDRESS** Jeff. City Mo.

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.

