

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

Do not use this space.

3121

1. PLACE OF DEATH

County Ray county
Township Wardville
City Wardville (No. _____, St. _____ Ward)

Registration District No. 915
Primary Registration District No. 6236

File No. _____
Registered No. 1

2. FULL NAME

Mount Vernon Keene

(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

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

✓

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

Dec. 28, 1910

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>18</u>	<u>—</u>	<u>6</u>	<u>—</u>

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN)

Ray Co.
(STATE OR COUNTRY)

10. NAME OF FATHER

Grafton Keene

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ray Co.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah J. Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ray Co.
(STATE OR COUNTRY)

14.

INFORMANT Grafton Keene
(Address) Polo Mo.

15.

FILED Jan 5, 1929 Mrs. G. W. Gaines
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 4, 1929, that I last saw him alive on Jan 4, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
Pari Carditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. W. Gaines, M. D.

Jan 5, 1929 (Address) Rayville, 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 Bethel Cemetery **DATE OF BURIAL** 1-6 1929

20. UNDERTAKER Alsbaugh Howley **ADDRESS** Polo

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.

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