

WRITE PLAINLY, WITH UNFADING INK---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.

JAN 26 1934

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

Do not use this space.

41117

1. PLACE OF DEATH
 89 County RAY Registration District No. 914
 Township Gracemore Primary Registration District No. 6235-
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 16

2. FULL NAME Miss Emma F. Kieth
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 Female 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 14 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or, _____ min.
73 0 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Missouri

FATHER 13. NAME Silas Kieth

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

MOTHER 15. MAIDEN NAME Prucellia Cummings

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

17. INFORMANT Joe Kieth
 (ADDRESS) Hardin No. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 12/17/33 19

19. UNDERTAKER C. M. Jomire
 (ADDRESS) Richmond, Mo

20. FILED Dec 16, 1933 H. O. Hart
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/33 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec. 14, 1933 to Dec. 16, 1933
 I last saw her alive on Dec. 16, 1933 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Hypostatic Pneumonia Date of onset Dec. 13
ASB
1113
ATB
 Other contributory causes of importance:
Cardiovascular

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?
 If so, specify _____
 (Signed) D. E. P. Keravich, M.D.
 (Address) Richmond, Mo

