

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

Do not use this space.

34512

3

**1. PLACE OF DEATH**

County: Morgan Registration District No. 971  
 Township: Mill Creek Primary Registration District No. 5747c  
 City: Syracuse (No. ....) St. .... Ward)

File No. ....  
 Registered No. ....

**2. FULL NAME**

Mary H. Keovil  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 70 yrs. 5 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Harry Keovil  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11<sup>th</sup> 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 5 27  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8<sup>th</sup> 1929  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at 12.30 P.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Disease  
Died at the dinner table  
 18. WHERE WAS DISEASE CONTRACTED .....  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) M. Dick, M. D.  
 , 19 (Address) Syracuse

PARENTS

9. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo. (STATE OR COUNTRY)  
 10. NAME OF FATHER Tom. Mara  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Alie Bridges  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)

14. INFORMANT Mrs. W. H. O'Leary (Address) Syracuse Mo.  
 15. FILED 1929 REGISTRAR [Signature]

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL Oct. 10 1929  
 20. UNDERTAKER L. G. Imhoff ADDRESS Syracuse Mo.

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.

24 1929

15

