

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

Do not use this space.

1. PLACE OF DEATH

County RRY Registration District No. 744

Township Richmond Primary Registration District No. 3035

City RICHMOND, (No. _____) St. _____ Ward _____

File No. 17810
Registered No. 57

2. FULL NAME Catherine KECK

(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 yrs. mos. 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 Chris Keck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>86</u>	<u>0</u>	<u>27</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Indiana

13. NAME No not known

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

15. MAIDEN NAME _____

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

17. INFORMANT W. H. Miller (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo DATE 5/12/34

19. UNDERTAKER E. M. G. G. G. (ADDRESS) Richmond Mo

20. FILED 5-11 19 34 E. E. Hay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/34 1934

22. I, HEREBY CERTIFY, That I attended deceased from April 30, 1934 to May 11, 1934
I last saw her alive on May 11, 1934. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Broken hip & General debility
1862
1866
Date of onset 5

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 April 30 1934
Where did injury occur? Ray Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home Broken hip by fall
Nature of injury Broken hip

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____ (Signed) E. A. Green M. D.
(Address) Richmond 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.

JUN 26 1934

