

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

Do not use this space.

JAN 21 1937

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.** (No.)

Registration District No. **791**
Primary Registration District No. **1003**
American Hospital

File No. **3325**
Registered No. **353**
St. Ward)

2. FULL NAME **Doshia Keel**

(a) Residence, No. St. **R R** Ward. **1 Cantwell, Missouri**
(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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frederick Keel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 10th, 1900**

7. AGE YEARS **36** MONTHS **0** DAYS **28** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. **Housework 230**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **own home**
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) **Perryville, Missouri**

FATHER 13. NAME **George W. Robertson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Henrietta Monier**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Claude A. Robertson**
(ADDRESS) **4831 St. Louis Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Farmington, Mo.** DATE **January 10 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **J. Brudeck**
19. **31** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 8th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 2 1937**, to **Jan 8 1937**
I last saw h. alive on **Jan 8 1937**. Death is said to have occurred on the date stated above, at **11** m. **A.M.**

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

Bilateral Lobes
Pneumonia
Date of onset **10/8**

Other contributory causes of importance:

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? **No**

If so, specify..... (Signed) **Allie Phares** M. D.

(Address) **2800-91-Taylor**

Callan 6852-1

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 9 1937

