

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Farmington
City Farmington (No. St. Ward)

Registration District No. 773
Primary Registration District No. 4464

29218
File No.
Registered No. 107
St. Ward)

2. FULL NAME

Heleen Marie Keragon

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 22 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)

Infant

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

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

Oct 23 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

29

13

8. OCCUPATION OF DECEASED

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

Infant

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

1931-8-6
1929-10-23
1-9-13

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bonneterre, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Fred Keragon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Farmington Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mrs. Corina Alice Keragon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

French Village, Mo.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Fred Keragon
Farmington Mo.

15.

FILED

Aug 7 1931

B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 6 1931

17.

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931

19..... to Aug 6 1931, and that I last saw him alive on Aug 6 1931, and that death occurred, on the date stated above, at 1. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brainery dysentery

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?

(Signed) Geo. S. Watkins, M. D.

Aug 7 1931 (Address) Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Catholic Cemetery

Aug 8 1931

20. UNDERTAKER

ADDRESS

Farmington Lul Co. Farmington Mo.

SEP 25 1931

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.

