

AUG 18 1914

Form No. 18

File No. 614

CERTIFICATE OF DEATH 5322

OKLAHOMA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
GUTHRIE, OKLA.

If death occurred in Hospital or Institute give its name instead of street and number. If away from usual residence, give "special information" below.

Years
Months
Days

Name *Sarah Catherine M. Keel* Place of Death *near No 5 Ave & 2nd St*
Okmulgee *56* *July 21* 1914

NATAL AND STATISTICAL PARTICULARS

Color *White* Birth Place *Okla.* (State or Country)

Married Divorced Widowed Orphaned

Father (State or County) *Okla.*

Mother (State or County) *Okla.*

Spouse (State or County) *Okla.*

Address _____

PHYSICIAN'S CERTIFICATE OF DEATH

Date of Death Month *July* Day *21* Year *1914*

I Herby Certify, that I attended the deceased from *after her death* 190 _____

and that I last saw him alive on _____ 190 _____

and that death occurred on the date stated above at *2:30 P.M.*

THE CAUSE OF DEATH was as follows:
Malerial Congestion

Duration _____ Days

Contributory *Senility*

Duration _____ Days

Signed *A. M. Coleman* M. D.
July 22 1914

Special Information, only for Hospitals, Transients or Institutes.
Usual Residence _____ How long at place of death? _____ Days

Where was disease contracted? _____

Write plainly, with uncluttered ink. This certificate must be filed with the County Superintendent of Public Health.

Am SOS census Shows her Birth year 1839 - making her Age At death 75



State Department of Health

State of Oklahoma

ROGER C. PIRRONG

OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office, in testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

March 13, 2000

