

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5220
 Township Kaw Primary Registration District No. 1002 Registered No. 882
 City Kansas City - Research Hospital St. _____ Ward _____

2. FULL NAME

Mary E. Kelmel Liberty, Mo.
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hos. Kelmel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Holt, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Andrew Fuller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Stanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Chas. Donaldson
 (Address) Liberty, Mo.

15. FILED 2/27, 28 AM 1928 REGISTRAR Acorn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 - 1928

17. I HEREBY CERTIFY That I attended deceased from Jan - 23, 1928, to Feb - 26, 1928.
 I last saw him alive on Feb - 26, 1928, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. R. 100 Angina pectoris
1911 B

CONTRIBUTORY (SECONDARY) Frosted hip - incapacitated
Accell 181 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 181
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
 (Signed) Ernest G. Robinson, M. D.
2/27, 1928 (Address) 603 Boycut Old 16 E. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 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

Fairview, Liberty, Mo. 2/28/1928

20. UNDERBAKER ADDRESS

Church-Archer Co Liberty, Mo.

