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

Do not use this space.

File No. 13314
Registered No. 1649

M 1145

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 429 North Prospect St. Ward)

2. FULL NAME Dorothy Ann Kelling

(a) Residence. No. 429 North Prospect St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1927

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	4	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George W Kelling
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Theresa Brucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Geo W Kelling
(Address) 429 North Prospect

15. FILED 4-12 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1928, to April 11 1928; that I last saw h. alive on Apr. 11 1928, and that death occurred, on the date stated above, at 4:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
10 D.
15 D.
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw. A. Hashinger, M. D.
4/12, 1928 (Address) 1325 Rialto Bldg.

*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
St Marys	4/11/28 19
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin	20 West Linwood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Hashinger
3927 [illegible]