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

Do not use this space.

13365

File No. ....
Registered No. 11841

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 5 0 0 0
City: Kansas City — (No. Fine street Car @ 18 & Paseo St. ..... Ward)

2. FULL NAME Miss Georgia Keith

(a) Residence. No. 3636 Highland St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. 13 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) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Guess	55			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mail order Dept.
(b) General nature of industry, business, or establishment in which employed (or employer): George B. Peck Dry Goods Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) not known

PARENTS
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ....
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....
(STATE OR COUNTRY) not known

14. INFORMANT Eylar's
(Address) 1800 Linwood

15. FILED 4-15-1928 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1928 Saturday

17. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
that I last saw h. .... alive on ....19...., and that
death occurred, on the date stated above, at 6 p m.

Deputy Coroner

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
I 31
I 92 C
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....
DID AN OPERATION PRECEDE DEATH? No DATE OF ....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Leon Gaskins, M. D.
4-14-, 1928 (Address) Deputy Coroner

*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 ~~Elmwood~~ Mt Washington — DATE OF BURIAL April 17 1928
20. UNDERTAKER Eylar Funeral Home — ADDRESS 1800 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.