

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

Do not use this space.

33535

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....
Township.....Kaw..... Primary Registration District No.....
City.....Kansas City..... (No. 2388 Summit)..... St..... Ward.....

File No.....
Registered No. 40074.....
St..... Ward.....

2. FULL NAME.....James A. Keller.....

(a) Residence. No. 2308 Summit Street..... St., 3..... 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Pearl Keller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1906

7. AGE YEARS <u>22</u>	MONTHS <u>7</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
---------------------------	--------------------	------------------	--

8. OCCUPATION OF DECEASED

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

(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) Kansas

10. NAME OF FATHER William Keller

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

12. MAIDEN NAME OF MOTHER Ethel Highley

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

14. INFORMANT Pearl Keller
(Address) 2308 Summit Street

15. FILED 10/7, 1928 M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1928

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..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

213 H
..... (duration)..... yrs. mos. ds.

CONTRIBUTORS (SECONDARY)
31
..... (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

10 (Signed) Deputy Coroner M.D.
/6, 19 28 (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 DATE OF BURIAL

Highland Park Cemetery Oct 8 1928
20. UNDERTAKER ADDRESS

R. V. Lindsey & Sons Kans City, Mo

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

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.

