

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

Do not use this space.

36968

4617

**1. PLACE OF DEATH**

County Jackson

Registration District No. ....

Township East

Primary Registration District No. ....

City Kansas City, Mo.

Evangelical Abode St. .... Word)

File No. ....

Registered No. ....

St. .... Word)

**2. FULL NAME**

(a) Residence. No. 1747 Pages St., 15 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reuben L. Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 | 0 | 21 | — | —

**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) Brunswick (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles Luss

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

12. MAIDEN NAME OF MOTHER Josephine Van Duzer

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

14. INFORMANT Mrs. Lula S. Mc Claustray (Address) 4223 Tracy

15. FILED 11/17/28 M. M. Cline REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1928

17. I HEREBY CERTIFY that I attended deceased from Nov. 16 1928 to Nov. 17 1928 that I last saw her alive on Nov. 16, 1928, and that death occurred, on the date stated above, at 4:15 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Interstetial Nephritis Chronic

CONTRIBUTORY uremia came (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? do not know IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? L. H. Johnston (Signed) L. H. Johnston M. D.

11/17, 1928 (Address) Kansas City, 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 Forest Hill DATE OF BURIAL Nov 20 19 28

20. UNDERTAKER S. H. Newcomer Sons & Co. Inc. ADDRESS

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

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702 Argyle Bldg  
Vic, 7888. J  
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