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

Do not use this space.

1667

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5120 Olive St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 4 258
Registered No.

2. FULL NAME Horace H. Kellogg
(a) Residence. No. 5120 Olive 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 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
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 Lucy A. Kellogg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
69	0	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(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.

PARENTS

10. NAME OF FATHER Daniel T. Kellogg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Lucy A. Kellogg
(Address) 5120 Olive St.

15. FILED 1-18 1929 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929.

17. I HEREBY CERTIFY, That I attended deceased from 1-15-, 1929, to 1-07, 1929, that I last saw him alive on 1-16-29, 19, and that death occurred, on the date stated above, at 6:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (chronic)
93C
112
(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma
(duration) ✓ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo F. Pendleton, M.D.
1/18, 1929 (Address) 605 Bryant 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: Memorial Park ~~Forest Hill~~
DATE OF BURIAL: Jan 19 1929.

20. UNDERTAKER: S. H. Newcomer's Sons K.C. Mo.
ADDRESS

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.

605 [illegible]
Vic. 1060
[illegible]