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.

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

Do not use this space.

6487

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 648

Township Kaw — Primary Registration District No. 1002 — Registered No.

City KC Mo (No. 2000 Indiana St. Ward)

2. FULL NAME John W Keiser

(a) Residence. No. 2000 Indiana St., 11 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: 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: Margaret

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 16 1878

7. AGE: 50 Years, 10 Months, 21 Days. If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer 1245 926
(b) General nature of industry, business, or establishment in which employed (or employer): 948
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paola Kans

PARENTS

10. NAME OF FATHER: John W. Keiser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Sarah A Workman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT (Address): John E Lucas 2611 Garfield

15. FILED 2-8, 1929 M M Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1929, to 2-7-, 1929 that I last saw him alive on 2-7-, 1929, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Coronary Thrombosis
Cirrhosis of Liver (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122 B1

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P E Williams, M. D

2/8, 1929 (Address) Gen Hosp KC 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: 2/9 1929

20. UNDERTAKER: Rose & Henderson — ADDRESS: KC Mo