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

Do not use this space.

6599

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. D 764
City Kansas City (No. Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Aralene Keffeler
(a) Residence. No. 6404 S Benton St., 16 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 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 Anthony Keffeler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1899

7. AGE Years 29 Months 6 Days 7 If LESS than 1 day, ... hrs. or ..... min.

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

2

PARENTS

10. NAME OF FATHER Wm Bush

2

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

2

12. MAIDEN NAME OF MOTHER Della Tozier

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

14. INFORMANT Anthony Keffeler
(Address) 6404 S Benton

15. FILED 2-15 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 14, 1929 that I last saw her alive on Feb 14, 1929, and that death occurred, on the date stated above, at 3:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia
Acute Nephritis - 2 months
Hepatitis - 1 month
142A (duration) yrs. mos. 6 ds.
125B CONTRIBUTORY (SECONDARY) Hyperemia Lividemia
146 (duration) yrs. 2 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 6404 South Benton
DID AN OPERATION PRECEDE DEATH? No DATE OF Feb 8-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) H Anderson, M. D
2/15, 1929 (Address) 1025 Rialto 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 Dubuque, Iowa — DATE OF BURIAL 2/15 1929

20. UNDERTAKER D. W. 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.

1085 [illegible]
[illegible] #157.
2-4:30

Psypremesis Gravidarum