

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

Do not use this space.

17377

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(Noyes Hospital)

File No. _____
Registered No. 675
St. _____ Ward)

2. FULL NAME Maggie May Keling

(a) Residence. No. R # 7 St Joe Mo. Ward. _____
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 2 1 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. M. Keling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Clara Grace

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

14. Wm. M. Keling
INFORMANT (Address) Route # 7 St. Joseph, Mo.

15. John G. St
FILED 27 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-28 29 1929 to 5-26 1929
that I last saw him alive on 5-25 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, Carcinoma of stomach & gall bladder.

46 B (duration) yrs. 6 mos. ds.

CONTRIBUTORY Starvation
(SECONDARY)

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Partial - yes

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem

(Signed) Paul Jorgensen, M.D.

5/27, 1929 (Address) St Joseph 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 Bethel Cem.

DATE OF BURIAL May 27, 1929

20. UNDERTAKER

Fred O'Clark

ADDRESS 325 King Hill Av.

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.

THIS IS A PERMANENT RECORD



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