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. 18029 2070

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kan — Primary Registration District No. — Registered No.
City K. C. Mo. (No. 316 Myrtle St. Ward)

2. FULL NAME Donell E. Keele
(a) Residence. No. 316 Myrtle St., 10 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: Male
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) Apr-2-1929

7. AGE

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

PARENTS
10. NAME OF FATHER Wm B. Keele
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Irene Sterrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Mrs. Irene Keele (Address) 316 Myrtle

15. FILED 5/3 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1929

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929, to May 3, 1929, that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 4-05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intercranial pressure
159A
157A
157B
87E
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Hydrocephalus — Spina bifida
Club Feet (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Joseph Whistler M. D.
5/3, 1929 (Address) 915 Argyle 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: Mt St Mary Cem
DATE OF BURIAL: May 4 1929
20. UNDERTAKER: A. P. Doehler
ADDRESS: 1415 E 15

Jno. Geo Webster