

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

Do not use this space.

18084

2129

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Raw Primary Registration District No. 1003

City Kansas City (No. 8100 Independence Ave)

File No.

Registered No.

St. 10th Ward)

2. FULL NAME

(a) Residence. No. 1241 Mannheim Rd. St. 13th 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. da. How long in U.S., if of foreign birth? 36 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 21

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

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

10. NAME OF FATHER Dnt know - Steinbeck

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

12. MAIDEN NAME OF MOTHER Dnt know

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

14. INFORMANT A. Goodman
(Address) 1241 Mannheim Rd.

15. FILED 5/8 29 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1929 10:30 A.M., 1929, to 10:35 A.M. May 8, 1929, that I last saw her... alive on May 8, 1929, and that death occurred, on the date stated above, at 10:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of The Mesenteric Veins
99A 92
129 (duration) yrs. mos. 4 da.

CONTRIBUTORY Generalized Peritonitis
(SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH... no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy findings
(Signed) Paul A. Johnson M. D.

May 8, 1929 (Address) 8100 Ludg. Road

*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 Waco, Texas DATE OF BURIAL May 5, 1929

20. UNDERTAKER Jules H. Davidson ADDRESS 368 Prosb.

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.

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