

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

Do not use this space.

29931

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Frank Primary Registration District No. 1002
 City Kamasas (No. 4) K. C. General Hosp St. _____ Ward _____

2. FULL NAME

Nellie Keller
 (a) Residence, No. 5826 Hughes St., 14 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|--------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 24 - 1877</u> | | | | |
| 7. AGE | YEARS <u>52</u> | MONTHS <u>8</u> | DAYS <u>15</u> | If LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED | | | | |
| (a) Trade, profession, or particular kind of work <u>Housewife</u> | | | | |
| (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) Mo

| | |
|----------------|---|
| PARENTS | 10. NAME OF FATHER <u>Don't know</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Don't know</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |

14. INFORMANT Reverend Clerk
 (Address) K. C. General Hosp.

15. FILED 9/11/30 H. M. Brown REGISTRAR
Acen

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9-1930
17. I HEREBY CERTIFY, That I attended deceased from 7-3-1930 to 9-9-1930
 that I last saw her alive on 9-9-1930, and that death occurred, on the date stated above, at 8:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mellitus with Diabetic Gangrene of foot 59
95B (duration) 1 yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) Acute dilatation of heart (duration) 1 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-21-30
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) P. Williams, M. D.
9-9-1930 (Address) Subt 7 C Gen. Hosp

*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 <u>Forest Hill</u> | DATE OF BURIAL <u>9-11-30</u> |
| 20. UNDERTAKER <u>O. J. Mast</u> | ADDRESS <u>1915 E 15</u> |

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.

