

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

Do not use this space.

21339

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 2821 East 10th)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 21339  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mrs. Louise Kellogg  
(a) Residence, No. 3821 East 10th St., \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
73 5 21

**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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Leising

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

12. MAIDEN NAME OF MOTHER Elizabeth Leising

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

14. INFORMANT (Address) Mrs. John Meisler 2821 East 10th

15. June 3, 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1931

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1931 to June 2, 1931 that I last saw him alive on June 2, 1931 and that death occurred, on the date stated above, at 5:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

(myocarditis (senile))  
93cf  
97 (duration) 7 yrs. 7 mos. 7 ds.  
CONTRIBUTORY (SECONDARY) arterio sclerosis  
(duration) 10 yrs. 10 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED (PLACE AT PLACE OF DEATH) \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Dr. J. C. Cornick, M. D.

(Address) 2602 East 15, KC. 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 St. Marys DATE OF BURIAL 6/5/31

20. URBERTAKER St. Marys ADDRESS 33rd Main

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.

