

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.

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1. PLACE OF DEATH

County Jackson Registration District No. 388
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 7343 Walnut) St. _____ Ward _____

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME Mrs. Louisa E. Keller

(a) Residence, No. 7343 Walnut St. 8 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George T. Keller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22, 1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> <u>2</u>				
FATHER	13. NAME <u>Josephus Long</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u> <u>31</u>			
MOTHER	15. MAIDEN NAME <u>Anna Eliza Fry</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>			
17. INFORMANT <u>Mr. Everett Keller</u> (ADDRESS) <u>7343 Walnut St. K. C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sni Mills Cemetery</u> <u>Jan. 15, 1932</u>				
19. UNDERTAKER <u>Freeman Mortuary & Co</u> (ADDRESS) <u>104 W. 42nd St. K. C. Mo.</u>				
20. FILED <u>Jan 14 1932</u> <u>Wm. M. Brown</u> <u>Registrar</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1932, to Jan 13th 1932.
I last saw her alive on Jan 13th 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Old age - deg. 95A
Irregular heart
Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm. M. Brown M. D.
(Address) 314 Chambers Bldg

Dr. J. H. ...

Chamberlain ...
to 5. 23