

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

Do not use this space.

16346

1. PLACE OF DEATH Veterans' Administration Hospital.

County Jackson

Registration District No. 499

Township

Primary Registration District No. 1,000

City Kansas City, Mo.

(No. St. Ward)

File No. 2130

Registered No.

2. FULL NAME KEENEY, Grover Clayton

C-401,701 WOE

(a) Residence, No. Kingston, Missouri. St. X

Ward. Pvt. Co. H. 4th Inf.

(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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ada Keeney.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1887.

7. AGE YEARS 44 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working for town-ship.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 260

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) Kansas City, Missouri.

13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Hospital records.

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Kingston, Mo. DATE 5/28/32

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED 5/28 1932 M. M. Crow
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to May 28 1932

I last saw him alive on May 28 1932 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

Ulcer of duodenum.

Date of onset 1918

Other contributory causes of importance: ①

Carcinoma of stomach.

About 1 yr.

Name of operation Exploratory. Date of 5-13-32

What test confirmed diagnosis? Biopsy. 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) William J. Butts M. D.
WILLIAM J. BUTTS, Officer of the Day,
Veterans' Administration Hospital,
Kansas City, Missouri.

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.

