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.

AUG 22 1932

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

Do not use this space.

22081

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 86 — File No.

Township Wayne — Primary Registration District No. 5128 — Registered No. ~~5~~756

City ..... (No. Route # 7, ... St. ..... Ward)

2. FULL NAME William M. Keling

(a) Residence, No. Route # 7 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara E. Keling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) July 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halls Mo.

FATHER

13. NAME James Keling

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

MOTHER

15. MAIDEN NAME Nancy Deshon

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

17. INFORMANT (ADDRESS) Mrs. Clara E. Keling Route # 7 St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem. DATE ~~Aug.~~ July 27, 1932

19. UNDERTAKER (ADDRESS) Fred D Clark 5025 King Hill Ave.

20. FILED July 26, 1932 J J Bansbach Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Aug.~~ July 25, 1932 19

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from ~~7-25~~ 7-25-32, to ~~7~~ 7-25-32, 19

I last saw him alive on 7-25-1932 Death is said to have occurred on the date stated above, at 5 45 p.m.

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

Carcinoma of Stomach with metastasis to medio stinal and mesentery glands and liver.

Date of onset

Other contributory causes of importance: Chronic brights

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) John J Tucker, M. D.

(Address) St Joseph Mo.