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.

32480

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No. 2002 File No.

City KANSAS CITY (No. 7540, MADISON St. 4000 Ward) Registered No.

2. FULL NAME JOHN J O'KEEFE

(a) Residence, No. 7540 MADISON St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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. HANNAH O'KEEFE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-15-1862

7. AGE: YEARS 69 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEW YORK CITY (STATE OR COUNTRY) NEW YORK

FATHER

13. NAME UNKNOWN O'KEEFE

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT WILLIAM S. O'KEEFE (ADDRESS) 3847 WYANDOTTE ST

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE OCTOBER-27, 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 10-26, 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932, to 10-24, 1932

I last saw him alive on 10-24, 1932 Death is said to have occurred on the date stated above, at 9:00 A m.

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

	Date of onset
Coronary Thrombosis	
94 B	94 B

Other contributory causes of importance: Unusual exertion

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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) Hugo V Feist, M. D.

(Address) 506 Professional

Dr. George Van [redacted]
806 Professional Bldg.
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