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.

40065

File No.
Registered No. 4867

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 440 West 58th St. Ward)
Registration District No. 399
Primary Registration District No.

JAN 26 1934

2. FULL NAME Louisa Fowler Keene

(a) Residence, No. 440 West 58th 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. S. Keene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1875

7. AGE: Years 58 | Months 2 | Days ~~25~~ 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Hartford Connecticut

FATHER
13. NAME Hiram Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

MOTHER
15. MAIDEN NAME No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) A. S. Keene 440 West 58th Street

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Boston, Mass DATE 12/12 1933

19. UNDERTAKER (ADDRESS) Shine & McClure 3235 Gillham Road

20. FILED 12/12, 1933 M. M. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933, to Dec 10, 1933
I last saw her alive on Dec 10, 1933 Death is said to have occurred on the date stated above, at P. m. 11:55
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 3 33
Other contributory causes of importance: Arteriosclerosis	

Name of operation 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) David B. Stephenson M. D.
(Address) 928 Prof Bldg KC Mo.

[illegible]