

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.

FEB 25 1937

1370

1. PLACE OF DEATH

County Jackson
Township Kaw
City W. La Mo. (No. 1919)

Registration District No. 299
Primary Registration District No. 1002

File No. _____
Registered No. 162 St. _____ Ward _____

2. FULL NAME

Mrs. Caroline Louise Keeling

(a) Residence, No. 1919 Lister St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Keeling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 9 8

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

13. NAME John Pasche

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

15. MAIDEN NAME Dorthea Banic

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

17. INFORMANT (ADDRESS) Mrs. Anna E. Meyer
1919 Lister

18. BURIAL, CREMATION, OR REMOVAL PLACE Royal Hills DATE Jan 12 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home
K 6 Mo

20. FILED Jan 11 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1936, to June 11 1937

I last saw her alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Broncho-Pneumonia Date of onset 1-7-37

Other contributory causes of importance:

Chronic myocarditis

Name of operation _____ 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? _____ 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? _____

If so, specify _____

(Signed) W. R. Feister, M. D.

(Address) 1529 Lister Ave.

1000 B. F. 1000,

1827. 1000

Re 2065