

JUL 10 1937

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

Do not use this space.

22765

1. PLACE OF DEATH

County Jackson County Registration District No. 399
Township Kansas City Primary Registration District No. 10.2
City Mo. (No. 5331 Highland Ave.) St. 2 Ward 1

File No. _____
Registered No. _____

2. FULL NAME

Joseph Keener
(a) Residence, No. 5331 Highland Ave. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid.</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Gibbs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>27</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	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) <u>Asheville S. C.</u>		
FATHER	13. NAME <u>Ebberic Keener</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Keener</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Sister Camille</u> <u>5331 Highland Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forestville Ark</u> DATE <u>6/14</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Stone - McElroy</u> <u>Kansas City, Mo</u>		
20. FILED <u>7/13</u> 19 <u>37</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1937

22. I HEREBY CERTIFY That I attended deceased from June 3rd 1937, to June 13th 1937. I last saw him alive on June 12th 1937. Death is said to have occurred on the date stated above, at 9:30 A.M. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arteriosclerosis
10 yrs

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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Paul O. Keener, M. D.
(Address) 1402 Bryant Blvd

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.

WHILE FILING WITH OTHER RECORDS THIS IS A PERMANENT RECORD

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W. L. Hall

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