

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

Do not use this space.

1822

1. PLACE OF DEATH

County Jackson
Township
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Willous Huesh)

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Stellorn Keen 500

(a) Residence, No. 2929 Main St., _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938 to 1-10, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-38

I last saw h.l.m. alive on 1-10, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Date of onset

Prematurely
Other contributory causes of importance: Pneumonia, Atelectasis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME unknown

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

15. MAIDEN NAME Jene Keen

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

17. INFORMANT (ADDRESS) J. Clemons R.N. 2929 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan 14, 1938

19. UNDERTAKER (ADDRESS) Exlar Funeral Home 76 E. 10th

20. FILED Jan 13, 1938 M. M. Brown Registrar.

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? _____ If so, specify _____

(Signed) D. T. Van Del, M. D.
(Address) 2929 Main

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH