

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

Do not use this space.

REC'D APR 2 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St Joseph's Hospital)

File No. 9645
Registered No. 1110
St. _____ Ward _____

2. FULL NAME

Joseph P Keyes 200
Merriam, Kansas

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1882

7. AGE YEARS 55 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Retired Fireman K.C. Mo Fire Dept
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) Gladstone, Mo

13. NAME Thomas Keyes
County Kerry

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

15. MAIDEN NAME Elizabeth Riffle

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

17. INFORMANT Rev J.W. Keyes
(ADDRESS) 3909 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph's Cemetery, Shawnee, Kas
DATE March 10, 1938

19. UNDERTAKER Sheehan Funeral Home
(ADDRESS) 4316 Troost

20. FILED Sheehan 19 38 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937 to Nov 10, 1938
I last saw him alive on Nov 10, 5:30 P.M. Death is said to have occurred on the date stated above, at _____ m.

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

Tumor of Brain
non-malignant
54 R

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? no

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) W.F. Gish M. D.
(Address) 910 Angles St

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.

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