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

REC'D JUN 9 1938

Do not use this space.

File No. 17305
Registered No. 2002

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 6132 Holmes St. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Mary McIntyre Keiser

(a) Residence, No. 6132 Holmes St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Scotland

FATHER
13. NAME William Hendry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Marion Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Mrs. L. D. O'Brien
(ADDRESS) 6132 Holmes St.

18. BURIAL, CREMATION OR REMOVAL
PLACE Washington D.C. DATE May 13, 1938

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED May 14 1938 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13- 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to May 12 - 1938
I last saw her alive on May 12, 1938. Death is said to have occurred on the date stated above, at 2 30 a.m.
The principal cause of death and related causes of importance were as follows:

Malignancy of stomach — Date of onset
Liver

Other contributory causes of importance:
liver - metastases
Uremia

Name of operation Date of
What test confirmed diagnosis? 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) M. Bonneiter, M. D.
(Address) 708 Huron Bldg
Kansas City, Mo.