

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

Do not use this space.

8705

**1. PLACE OF DEATH**

County Jackson Registration District No. 32  
 Township Kaw Primary Registration District No. 1008  
 City Kansas City (No. Evangelical Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1293  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Truda Carol Keeling

(a) Residence, No. 1852 Benton St. 11 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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
20 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 233  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ambassador Hotel  
 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) Mo.

13. NAME Andrew B. Keeling

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

15. MAIDEN NAME Susan Roberts

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

17. INFORMANT (ADDRESS) Andrew B. Keeling 1852 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Meosha Mr. DATE March 27, 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 3/28 1932 M. M. Crews Registrar

**MEDICAL CERTIFICATE OF DEATH**

3  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased, from March 5, 1932, to March 25, 1932.  
 I last saw ~~her~~ her alive on \_\_\_\_\_, 1932. Death is said to have occurred on the date stated above, at 10:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic aortic valvular disease with aortic regurgitation  
Hypostatic pneumonia  
 Other contributory causes of importance: 890 (1)  
Redworms

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1932  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. C. Conroy, M. D.  
 (Address) 3927 Hill

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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