FEB 21 1928

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

Do not use this space. 1767

1. PLACE OF DEATH
County Linn
Township Parson Creek
City Meadville (No. ..... St. ..... Ward)
Registration District No. 203
Primary Registration District No. 306
File No.
Registered No. 45

2. FULL NAME Jno. D. Keller
(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 (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1847
7. AGE: Years 80, Months 11, Days 13; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 131
(c) Name of employer 131
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
PARENTS
10. NAME OF FATHER Levi Keller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah Minnis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
14. INFORMANT Mrs. A. C. Barnes
(Address) Meadville Mo.
15. FILED 1-28, 1928 E. F. Weir REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 - 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 27, 1928 that I last saw h..... alive on Jan 24, 1928, and that death occurred, on the date stated above, at 9 o'clock a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Parenchymatous Nephritis
129A (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Reinfection Fever
encorped on state (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General Clinical Laboratory
(Signed) E. F. Weir, M. D.
1-28, 1928 (Address) Meadville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Avalon Mo.
DATE OF BURIAL: Jan 29, 1928
20. UNDERTAKER: Smiley Brothers
ADDRESS: Meadville

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.

DEC 22 1941