24 1928

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

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 24370
Township — Primary Registration District No. 3026 — Registered No. 69-
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Riley Keller
(a) Residence. No. ..... St., 2 Ward. (If nonresident give city or town and State)
(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.

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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 19-Nov-1866
7. AGE: Years 62 — Months 7 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: John Jacob Keller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mt Vernon Ohio
12. MAIDEN NAME OF MOTHER: Marand Riley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Utica Ohio.

14. INFORMANT: J. W. Keller
(Address) Chula. R.F.H. Mis
15. FILED 7-7, 1928 Renhew Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928
17. I HEREBY CERTIFY, That I attended deceased from Did not attend Deceased, 19..... that I last saw h..... alive on ..... 9 30 a m., 19....., and that death occurred, on the date stated above, at 9 30 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Head blown off by Dynamite
Suicide Died instantly
171 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.
174
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Collier Coroner, M. D
July 7, 1928 (Address) Chillicothe Mo

*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: Parson Creek Cemetery — DATE OF BURIAL: 7-8 — 1928
20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe

PHYSICIANS should state ... Exact statement of OCCUPATION is very important. ... of DEATH in plain terms, so that it may be properly classified.