

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

Do not use this space.

15043

**1. PLACE OF DEATH**

County Jasper  
Township Carthage  
City Carthage (No. ....)

Registration District No. 40 R  
Primary Registration District No. 3020

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Samuel Keller  
(a) Residence No. 1014 Case St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 22 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)**

Married

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

Mrs. J. Keller

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan 22 - 1848

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>81</u>	<u>2</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Ret. Farmer  
(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)**

Ohio

**10. NAME OF FATHER**

David Keller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Switzerland

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**14.**

INFORMANT Mrs. Mary J. Keller  
(Address) Carthage, Mo.

**15.**

FILED 4/3 1929 Carthage  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Apr. 12 - 1929

**17. I HEREBY CERTIFY, That I attended deceased from** April 1st, 1929, to April 12, 1929 that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 12:15 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

103  
97 1010  
Robt. pneumonia  
(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** Arteriosclerosis  
(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH? .....

**19. DID AN OPERATION PRECEDE DEATH? (DATE OF)** No.

**20. WAS THERE AN AUTOPSY?** No.

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) E. B. W.atcher, M. D.

, 19 (Address) 338 Hunt Carthage 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** Oak Hill Cemetery **DATE OF BURIAL** 4-14 1929

**20. UNDERTAKER** Wm. - Brock **ADDRESS** Carthage

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.

49  
27 1929  
MAY 6

226  
31

1941