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

Do not use this space

File No. 17891

Registered No. 20

1. PLACE OF DEATH

County Henry — Registration District No. 14

Township X — Primary Registration District No. 4311

City Windsor (No. ..... St. ..... Ward)

2. FULL NAME Sigmond C. Keller

(a) Residence. No. 405 E. Colorado St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N 25 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary C. Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	2	3	

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) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Barbervilles
(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER John Keller

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

12. MAIDEN NAME OF MOTHER Mary Miller

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

14. INFORMANT Bruce Keller
(Address) Pittsburg, Kansas

15. FILED May 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1929, to May 1, 1929, that I last saw h. alive on April 30, 1929, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritis

(duration) ..... yrs. 2 mos. 16 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE DID 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? .....

(Signed) Will P. Bradley, M. D

, 19 (Address) Windsor 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	DATE OF BURIAL
McIntrye Chapel	May 2 1929
20. UNDERTAKER	ADDRESS
E. A. Berry	Windsor Mo