79
JUL 27 1929
4
6
235

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

Do not use this space.

1. PLACE OF DEATH
County Perry — Registration District No. 660 — File No. 22229
Township Central — Primary Registration District No. 4396 — Registered No.
City Perryville (No. ..... St. ..... Ward)

2. FULL NAME Ida 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	7	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thomas Dean
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo
12. MAIDEN NAME OF MOTHER Mary O'Mara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo

14. INFORMANT Otto Keller
(Address) Perryville Mo

15. FILED 6/12, 1929 Geo J Meeker REGISTRAR
J H Meeker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929 to June 12, 1929 that I last saw her alive on June 10, 1929, and that death occurred, on the date stated above, at 2:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Renal Disease
95 B
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NB
(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? Clinical
(Signed) W H Bailey, M. D.
, 19 (Address) Perryville 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
Mount Hope Cem	6-13 1929
20. UNDERTAKER	ADDRESS
Zollner & Young	Perryville

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.

...IS A PERMANENT RECORD