W a Murphy

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

Do not use this space.

36545

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 125
Township: " " — Primary Registration District No. 5009
City: (No. Rfd 4 St. Ward)

File No.
Registered No. 240

2. FULL NAME: George Jacob 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 27 - 1857

7. AGE: Years 72 | Months 9 | Days 16 | 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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Gir Co Mo

PARENTS
10. NAME OF FATHER: George Keller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany
12. MAIDEN NAME OF MOTHER: Augusta Weir
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Robert Keller
(Address): Cape Girardeau Mo

15. FILED 11/11, 1929 W C Kaempfe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to Nov 11, 1929 that I last saw him alive on Nov. 10 1929 and that death occurred, on the date stated above, at 6 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? Examination
(Signed) A. M. Murphy, M.D.
, 19 (Address) Cape Girardeau 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
Lorimier Cemetery	Nov 14 1929
20. UNDERTAKER	**ADDRESS**
Lashley F & K C	Cape Gir Mo

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.