

15-5-88-a

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

Do not use this space.

15-5-88-a

1. PLACE OF DEATH

County Cedar
Township Jefferson
City (No.) (St.) (Ward)

Registration District No. 165
Primary Registration District No. 6-230

File No.
Registered No. 31

2. FULL NAME

Susiana L. 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 Female
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 Keller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 5

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) mo.
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Martin
(Address) Humansville mo

15. FILED Aug. 19 30 E. S. Smith REGISTRAR
Mary Baubert

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930, to May 28 1930 that I last saw him alive on May 19 1930, and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Delayed resolution of
11A Infiltration of lung from the
11B (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 11B (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) R. O. Morris M. D.

5/29 1930 (Address) Humansville 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 Humansville cemetery DATE OF BURIAL May 29 1930

20. UNDERTAKER R. A. Joseph ADDRESS 3149 Mo Humansville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE SHOULD BE CAREFULLY SUPPLIED. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

Aug 30 1930

