

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

Do not use this space.

*M. J. Keeler*  
File No. **37008**  
Registered No. **294**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County *Madison*  
Township *Flat Creek*  
City *Paducah*

Registration District No. *668*  
Primary Registration District No. *5891*  
(No. *R.F.W. # 1*)

**2. FULL NAME**

*James H. Keeler*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 2-1876*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*54 2 6*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Carpenter*  
(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) *Mo. Mo.*

10. NAME OF FATHER *Lindsay Keeler*

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

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

14. INFORMANT *Mrs. J. H. Keeler*  
(Address) *Paducah, Mo.*

15. FILED *10-10-1930* *J. H. Love*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 9 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 31*, 19*30* to *Nov 8*, 19*30* that I last saw *him* alive on *Nov 8*, 19*30*, and that death occurred, on the date stated above, at *6:15 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Diphtheria Endocarditis from upper sore throat*  
*1 yr 1 mo 1 ds* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *1 yr 1 mo 1 ds* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Do not know*  
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Chromogenic*  
(Signed) *Chromogenic*, M. D.  
*Nov 8, 1930* (Address) *Paducah 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 *Paducah Mo* DATE OF BURIAL *Nov. 10 1930*

20. UNDERTAKER *Fillescu* ADDRESS *Paducah*

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.

*REC 22 1930*

