

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

Do not use this space.

17788

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
44 County Walth Registration District No. 371
Township _____ Primary Registration District No. 4817
4 City Waltham St. _____ Ward _____

2. FULL NAME Robert S. 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 <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abbe Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-17-1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wk Bookkeeper</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waltham, Mo</u>		
FATHER	13. NAME <u>B. F. Keller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany, Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Ruth Jenkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>R. S. Keller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Vincent</u> DATE <u>5/18 31</u>		
19. UNDERTAKER (ADDRESS) <u>Kelly & [unclear], Waltham</u>		
20. FILED <u>5/18 31</u> <u>W. Kelly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-16 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Deep inflicted
avalanche
under
head
167
Other contributory causes of importance:
167 (5)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 5-16, 1931
Where did injury occur? Waltham, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury suicide
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. B. Ferris Coroner, M. D.
(Address) Waltham City, 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. JUN 26 1931

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