

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

Do not use this space.

31658

1. PLACE OF DEATH
 County Jefferson County Registration District No. 423
 Township Rock Primary Registration District No. 5578
 City St. Louis, Kennamawick Mo. St. _____ Ward _____

2. FULL NAME Joseph Jerry 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.

File No. 38
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 8 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennamawick Mo

13. NAME Arthur J. Keller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennamawick Mo.

15. MAIDEN NAME Jennie B. Jansen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Arthur J. Keller
 (ADDRESS) 7814 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St Pauls Church DATE Sept 29 1931

19. UNDERTAKER C. Hoffmeister U. S. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED Sp 28 1931 H. J. M. Coble
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1931
 22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1931, to Sept 27 1931
 I last saw him/her alive on Sept 27 1931. Death is said to have occurred on the date stated above, at 11:50 a. m.
 The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset _____
Whispering-cough
 Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. J. Siering M. D.
 (Address) Kennamawick Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Blackbird
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