

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

Do not use this space.

34864

**1. PLACE OF DEATH**

County Laclede  
Township \_\_\_\_\_  
City Lebanon (No. \_\_\_\_\_)

Registration District No. 1449  
Primary Registration District No. 4267

File No. \_\_\_\_\_  
Registered No. 1693  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Elizabeth Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10<sup>th</sup> 1890

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>40</u>	<u>11</u>	<u>18</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

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) Lebanon Mo.

MOTHER FATHER 13. NAME Samuel White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Rachel Ann Grace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) C V Keller Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE 10-31-31

19. UNDERTAKER (ADDRESS) Palmer Lebanon

20. FILED Oct 30, 1931 J M Ballineer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 27, 1931. I last saw him alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Peripheral neuritis secondary to chronic alcoholism. Date of onset 1 yr

Chronic alcoholism 877 750 15 Date of onset 8 yrs

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (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) P. E. Thompson, M. D.  
(Address) Lebanon 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.

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

NOV 24 1931

