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.

APR 25 1932

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

Do not use this space.

7810

1. PLACE OF DEATH

County Clay — Registration District No. 201 — File No.

24 Township Fishing — Primary Registration District No. 4121 — Registered No. 32

6 City Mo. (No. ..... St. ..... Ward)

1 2. FULL NAME John Daniel Keller

(a) Residence No. Missouri City Mo. Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Mattie Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3-1870

7. AGE: YEARS 61 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (month and year): 1 mo
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo

FATHER

13. NAME: Geo. N. Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Florence Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): J. D. Keller Missouri City Mo

18. BURIAL, CREMATION, OR REMOVAL: Missouri City

PLACE: Missouri City Mo DATE: 3/30 1932

19. UNDERTAKER (ADDRESS): Church-Archer Co Liberty Mo

20. FILED APR 10 1932 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to March 28, 1932

I last saw him alive on March 27, 1932. 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:

Pneumonia (double lobar) — Date of onset about March 19-32

Other contributory causes of importance: 108 (1)

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? No

If so, specify .....

(Signed) Frederic K Lewis, M. D.

(Address) Missouri City - Missouri