

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

Do not use this space.

8874

1. PLACE OF DEATH

49 County Jasper
Township Jackson
City (No.) (No.) St. Ward)

Registration District No. 402
Primary Registration District No. 55639

File No.
Registered No.
St. Ward)

2. FULL NAME

Uriah James Keller

(a) Residence No. P.O. Diamond Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Ellen Keller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 5 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Clinton Co. Pa. 2

10. NAME OF FATHER Peter Keller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

12. MAIDEN NAME OF MOTHER Catherine Auran 25

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

14. INFORMANT J. B. Keller
(Address) Quincy, Mo.

15. FILED 3/28 1932 W. H. Ketchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1932

17. I HEREBY CERTIFY, That I attended deceased from March 2 1932, to March 25 1932, that I last saw him alive on March 2 1932 and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arteriosclerosis

91 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W. B. Chapman M. D.

*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 DATE OF BURIAL
Emmanuel Cemetery 7.28 1932

20. UNDERTAKER ADDRESS
Steele and C. Webb Cts. 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.

APR 27 1932

WRITE LEGIBLY, WITH OMPASSING INK—THIS IS A PERMANENT RECORD

