

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

Do not use this space.

18770

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph, (No. Missouri Methodist Hospital)

85

Registration District No. ....  
Primary Registration District No. 1001  
St. .... Ward)

File No. ....  
Registered No. 606

**2. FULL NAME** Martha Ann Keller,

(a) Residence, No. .... St. .... Ward. King City, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**5. MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. Keller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>64</u>	<u>4</u>	<u>5</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 7:35  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,  
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) King City, Missouri, 1

FATHER 13. NAME Joseph Compton,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky, 1

MOTHER 15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 21

17. INFORMANT (ADDRESS) Blank Keller King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City, Mo. DATE June 24, 1932

19. UNDERTAKER (ADDRESS) Heaton Be Gale & Bowman 319 S. 10th. St. Funeral Home

20. FILED 6-23-32 1932 John R. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to June 22, 1932  
I last saw h. a alive on June 22, 1932 Death is said to have occurred on the date stated above, at 12 m. noon  
The principal cause of death and related causes of importance were as follows:

Intellectual obstruction  
due to strangulated Umbilical Hernia gangrenous thromb & caecum. 11:20 A  
12:20 P 2:20 P  
Other contributory causes of importance: assumed 1  
Date of onset

Name of operation Release of obstructed portion of Bowel Date of June 21, 1932  
What test confirmed diagnosis? Ophthalm Was there an autopsy? no

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? NA  
If so, specify NA  
(Signed) W. H. Walter M. D.  
(Address) 301 N 8 St Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MM 9 1 1932

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