

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

Do not use this space.

22415

**1. PLACE OF DEATH**

34 County Douglas Registration District No. 280  
Township Champion Primary Registration District No. 5-391  
City (No. St. Ward)

**2. FULL NAME**

Luy Ezekiel Keller  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(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.

**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 infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Caldwellspring 2nd Mo.

FATHER 13. NAME Otto Keller

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertha Mo.

MOTHER 15. MAIDEN NAME Rebecca Gault

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fedrick Mo.

17. INFORMANT (ADDRESS) R. A. Ryan Caldwell Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newhope DATE July 5 1932

19. UNDERTAKER (ADDRESS) none

20. FILED July 5 1932 Frank Giles Registrar

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1932

2. I HEREBY CERTIFY, That I attended deceased from July 3 1932 to July 5 1932

I last saw him alive on July 3 1932. Death is said to have occurred on the date stated above, at Mo.

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

Bloody Flux Date of onset

Other contributory causes of importance: (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?

If so, specify

(Signed) R. A. Ryan, M. D.

(Address) Int. School, 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.

1932 JUL 5 9 1932

