

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

Do not use this space.

36717

1. PLACE OF DEATH

County Pike
Township Buggalo
City Louisiana, Mo (No. _____)

Registration District No. 689
Primary Registration District No. 2033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Keller, William Carl (Pike Co. Hospital)

(a) Residence, No. Vandalia, 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rena R Keller.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1896
7. AGE YEARS 36 MONTHS 7 DAYS 10
IF LESS than 1 day, hrs. or min.

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) Ill.

FATHER 13. NAME Carl Keller

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

MOTHER 15. MAIDEN NAME Hena Weiss

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

17. INFORMANT Carl Keller (ADDRESS) Vandalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, Mo DATE 11-11-1932

19. UNDERTAKER (ADDRESS) H. B. Clark, Vandalia, Mo

20. FILED 11/11 1932 J. H. Hain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th 1932
22. I HEREBY CERTIFY, That I attended deceased from 10-26-32, 1932, to 11-10, 1932
I last saw him alive on 11-9, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Septicemia
36
36
Other contributory causes of importance: 72
Septicemia w. Complications
Myocardial infarction

Name of operation Amputation 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? no 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 Caught in my own pipe
Nature of injury severe laceration of arm

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. Cunningham M. D.
(Address) Vandalia, Mo

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.

JAN 8 1933

