

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

Do not use this space.

10472

1. PLACE OF DEATH

73 County Newton
Township Buffalo
City (No. _____) _____ St. _____ Ward _____

Registration District No. 611
Primary Registration District No. 5813

File No. _____
Registered No. _____

2. FULL NAME William Fred Keller

(a) Residence, No. _____ 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 10 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) Seneca (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Volice Keller

14. BIRTHPLACE (CITY OR TOWN) Seneca (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Etta Whitwood

16. BIRTHPLACE (CITY OR TOWN) Seneca (STATE OR COUNTRY) Missouri

17. INFORMANT Clarence Keller (ADDRESS) Seneca, Mo.

18. BURIAL, CREMATION, OR REMOVAL Methodist Cemetery DATE 3-2-33

19. UNDERTAKER W. H. Shepard (ADDRESS) _____

20. FILED 3/4 1933 E. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-33

22. I HEREBY CERTIFY That I attended deceased from Seneca, Mo. on Mar 1 - 1933
I last saw him alive on Mar 3, 1933 Death is said to have occurred on the date stated above, at Seneca, Mo.

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

Pulver Pulver
Arteriosclerosis
HTA
Other contributory causes of importance: _____
Date of onset _____

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 _____, 1933

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) W. H. Shepard, M. D.
(Address) Seneca, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 30 1933
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.

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