

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

Do not use this space.

40387

JAN 26 1934
407

PLACE OF DEATH

County Jackson

Registration District No. 400

Township Leas Summit

Primary Registration District No. 4235

City Leas Summit (No. Residence)

File No. _____

Registered No. 187

St. _____ Ward _____

62. FULL NAME

Charles Clinton Keller

(a) Residence, No. Leas Summit 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 (OR) WIFE OF Bina Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

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) Strasburg Mo

13. NAME M. M. Keller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind

15. MAIDEN NAME Martha Hendrickson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind

17. INFORMANT Mrs. Chas Keller

(ADDRESS) Leas Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leas Summit DATE Dec-3-1933

19. UNDERTAKER Fields-James Co.

(ADDRESS) Leas Summit Mo

20. FILED Dec 2 1933 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-1-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Dec-1, 1933

I last saw him alive on November 30, 1933 Death is said to have occurred on the date stated above, at 10:30 a m.

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

Pericardial Anemia Date of onset 1925

Other contributory causes of importance: 7/10

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) Clint L. Miller M. D.

(Address) Leas Summit 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.

STATE BOARD OF HEALTH, WITH-OUT-PAYING INK--THIS IS A PERMANENT RECORD

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