

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

Do not use this space.

APR 25 1864

9609

File No. _____
 Registered No. 8
 St. _____ Ward _____

1. PLACE OF DEATH

County Linn
 Township _____
 City Mooreville (No. _____)

Registration District No. 512 ✓
 Primary Registration District No. 4310

2. FULL NAME

Louisa Houk Keller

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1898
 7. AGE YEARS 35 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

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) Mooreville MO

13. NAME James Keller

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

15. MAIDEN NAME Mary Frazer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mooreville MO

17. INFORMANT Sam Keller (ADDRESS) Mooreville MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Cemetery DATE Mar 18 1934

19. UNDERTAKER T. F. McPeak (ADDRESS) Bucknidge MO

20. FILED Mar 17 1934 Anna L. Gooden Registrar

(12) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1934, to _____, 1934.
 I last saw him alive on Mar 15, 1934. Death is said to have occurred on the date stated above, at 6 a m.

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

Date of onset Mar 12 1934

155
104A
15

Other contributory causes of importance:
Access of nose

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

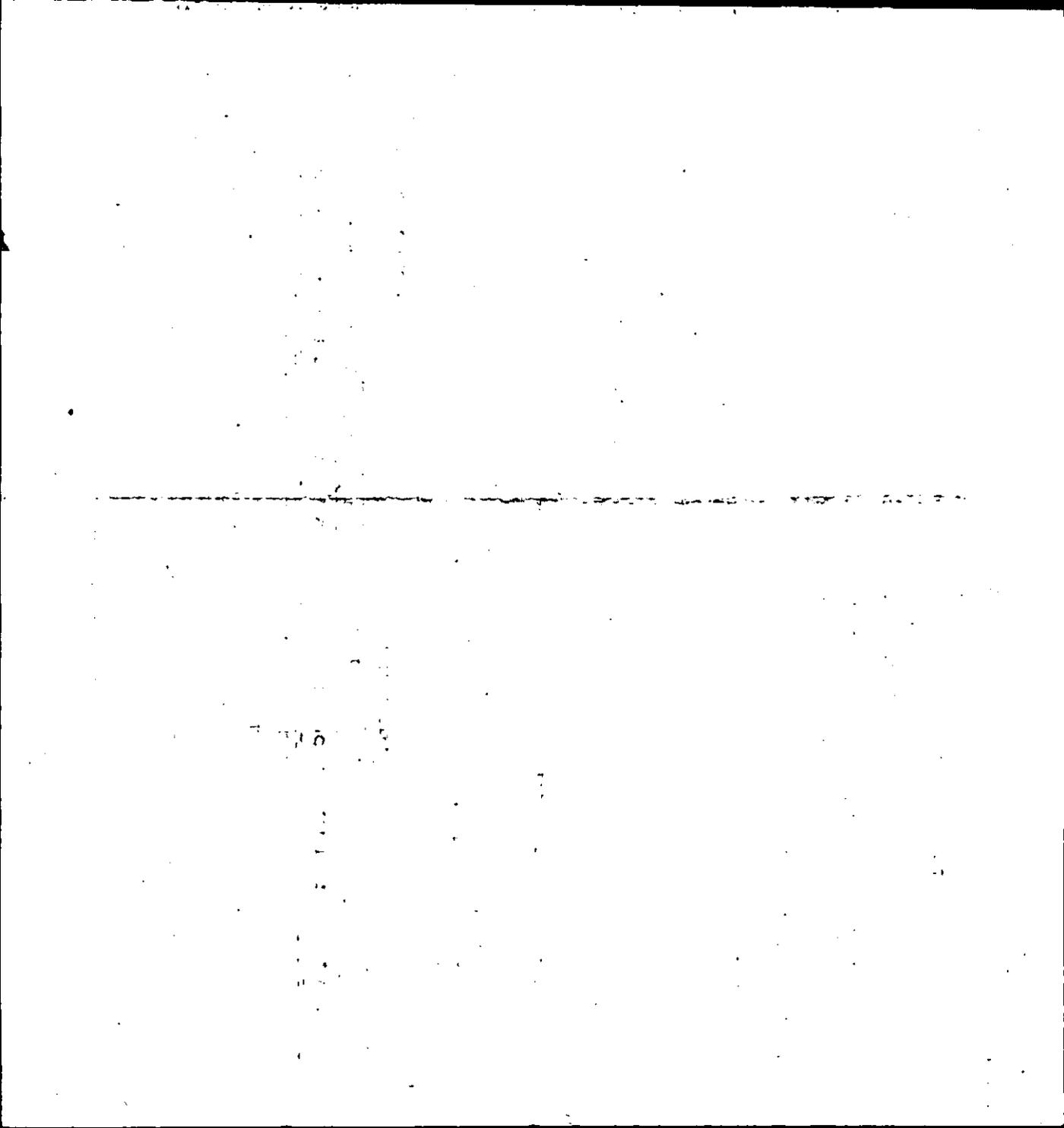
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1934
 Where did injury occur? _____ (Specify city or town, county, and State)

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? Y
 If so, specify _____

(Signed) E. A. Thompson M. D.
 (Address) Bucknidge MO



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Keosauqua
Township Moarpville
City Moarpville (No.)

Registration District No. 512
Primary Registration District No. 4310

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Louis Frank Eller

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1934

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

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Other contributory causes of importance:

OCCUPATION
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.....

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED ma 17 1934 Anna L Carpenter Registrar

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

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5095-C