

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Marion
City (No)

Registration District No. 701
Primary Registration District No. 5920

File No. 13882
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24-50</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>
	DAY <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to April 5, 1934
I last saw him alive on Jan 23, 1934 Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Influenza
arterio Sclerosis
Date of onset _____
Other contributory causes of importance: _____
Name of operation no 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) D. E. Hammontree, M. D.
(Address) Polk, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	13. NAME <u>Asa Keller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>"</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT <u>Mrs. Gertrude Moore</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wayne</u> DATE <u>Apr 6</u> , 19 <u>34</u>	
19. UNDERTAKER <u>Hatchum, B. W.</u> (ADDRESS) <u>Solway</u>	
20. FILED <u>4-6</u> , 19 <u>34</u> <u>J. J. Robish</u> Registrar.	

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.

