

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Yellow Creek
City Rothville Mo (No. St. Ward)

Registration District No. 174
Primary Registration District No. 4103

File No. 16069
Registered No.

2. FULL NAME

Lyman E. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st. 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 7 23

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

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) Dec 1st 1914 11. Total time (years) spent in this occupation

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

13. NAME Benjamin Keller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Co. Ohio

15. MAIDEN NAME Lidda Shepard

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

17. INFORMANT (ADDRESS) Mrs L. E. Keller Rothville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McCallough DATE 5/25 1934

19. UNDERTAKER (ADDRESS) S. L. Leiparu Lendon Mo.

20. FILED May 24 1934 C. D. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

I HEREBY CERTIFY, That I attended deceased from Died suddenly no attendant

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:

Probably cerebral hemorrhage

Date of onset

87A

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis? History 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) C. D. Stratton , M. D.

(Address) Rothville 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. JUN 20 1934

