

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.

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

Do not use this space.

MAR 28 1935

6346,

1. PLACE OF DEATH

County Pettis Registration District No. 667-5888
Township Lamont Primary Registration District No. 44001
City --- (No.) St. Ward)

2. FULL NAME

(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 40 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>W</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>Rena Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov = 21 = 1853</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>2</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, hrs. or min.
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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Emanuel P. Keller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Elizabeth Emison</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Rena Keller</u> (ADDRESS) <u>Lamont Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lamont</u> DATE <u>2 = 18</u> 19 <u>35</u>		
19. UNDERTAKER <u>B. J. Vance</u> (ADDRESS) <u>Lamont Mo</u>		
20. FILED <u>2-17</u> 19 <u>35</u> <u>B. J. Vance</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb 15 1935
I last saw him alive on Feb 14 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset	<u>1910</u>
Other contributory causes of importance:	<u>Myocardial Degeneration 1934</u>

Name of operation..... Date of

What test confirmed diagnosis? Smear 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 W. E. Walker, M. D.
(Signed) W. E. Walker
(Address) Lamont Mo

80

2
2
2

