

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.

APR 2 1935

8202

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001 File No. _____
 Township Washington Primary Registration District No. _____ Registered No. 376
 City St Joseph Mo (No. Missouri Methodist Hospital) St. _____ Ward _____

2. FULL NAME Robert Teller
 (a) Residence, No. Transient Bureau St. _____ Ward _____
 (Usual place of abode) 108 W. 2nd St. (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) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>54</u>	<u>10</u>	<u>24</u>	

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

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) Buchanan county Missouri

13. NAME unknown Teller

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

15. MAIDEN NAME unknown

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

17. INFORMANT Transient Bureau
 (ADDRESS) 108 North 2nd St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bayfield Mo DATE April 1 - 1935

19. UNDERTAKER F. R. Sidenfader
 (ADDRESS) 602 to 10th street

20. FILED 4-1- 19 35 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to March 31 1935
 I last saw him alive on March 31 1935. Death is said to have occurred on the date stated above, at 9:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Hypertension
 Date of onset unknown

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? 74 Was there an autopsy? 26

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 Alcohol & Drug
 (Signed) _____, M. D.
 (Address) 303 Kerkstreet Bldg

JAN 10 1950