Dr Anderson

APR 21 1936

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

Do not use this space.

File No. 11686

Registered No. 5

1. PLACE OF DEATH
County: Montgomery
Township: Montgomery
City: Montgomery (No. ..., ..., St. ..., Ward)

Registration District No. 592
Primary Registration District No. 4350

2. FULL NAME: James D. Kellar

(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 33 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: Elizabeth Kellar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 th 1853

7. AGE: Years 82 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Middletown Mo / Montgomery Co Mo

FATHER
13. NAME: Edward Kellar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sarah Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Mrs Elizabeth Kellar
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montgomery C. Cem DATE: 3/17/36, 19

19. UNDERTAKER: C.W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED: Mar 17, 1936 Bill Murfer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/15/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1935, to March 15, 1936

I last saw him alive on March 15, 1936. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

	Date of onset
Arteriosclerotic Cardio-Vascular Disease with generalized Arteriosclerosis	?
Secondary Anemia	?
Exhaustion	8
Other contributory causes of importance:	
Pneumonia - 4 weeks ago & general exhaustion	2-15-36
Arthritis & Neuritis - Esp.	?

Name of operation: none Date of
What test confirmed diagnosis? 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) Elmer J. T. Anderson, M. D.
(Address) Montgomery City, 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.