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

SEP 25 1936

Do not use this space.

31654

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.:

Township: Marion — Primary Registration District No.: 3029 — Registered No.: 222

City: Hannibal (No. , Levering Hospital St. Ward)

2. FULL NAME: Clay Curtis Keeler

(a) Residence, No.: 1117 Woodrow 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 4th 1926

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
10		11	

OCCUPATION

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): Louisiana, Mo.

FATHER

13. NAME: Clay Curtis Keeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Esther Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Auburn Mo.

17. INFORMANT (ADDRESS): Mrs C. C. Robinson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Louisiana Mo DATE: August 17, 1936

19. UNDERTAKER (ADDRESS): James O'Donnell, Hannibal Mo

20. FILED: Aug 17, 1936 L. C. Archer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1936, to Aug 15, 1936

I last saw h. alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

	Date of onset
Brain Injury	
Fractured Skull	Aug-13

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury: Aug 13, 1936
Where did injury occur? Hannibal Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury: auto accident
Nature of injury: Brain Injury - Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed): [illegible], M. D.
(Address): Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township — Primary Registration District No. 3029 — Registered No. 222
City Hannibal (No. , St. Ward)

2. FULL NAME Clay Curtis Keeler
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE — YEARS: 10 — MONTHS: — — DAYS: 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct 19 1936 E. M. Locke Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
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:

Brain injury + fractured skull

~~Dont know~~

Date of onset

Other contributory causes of importance: Riding on a Coaster wagon and ran in front of a car

Name of operation 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? Accident Date of injury Aug 13, 1936
Where did injury occur? Hannibal Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. P. Francka, M. D.
(Address) Hannibal Mo

5-31654