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.

DEC 5 1936

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

Do not use this space.

38242

File No. 4

Registered No. 105

1. PLACE OF DEATH

County: Lewis

Registration District No. 481

Primary Registration District No. 4290

Township:

City: Lewistown (No. ..., ..., St. ..., Ward)

2. FULL NAME William Peter Keohler.

(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 20 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 ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 15. 1866.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	3	5	

OCCUPATION

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

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) Quincy. (STATE OR COUNTRY) Illinois.

FATHER

13. NAME Andrew Keohler.

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

MOTHER

15. MAIDEN NAME Elizabeth Dengler.

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

17. INFORMANT Miss Elizabeth Keohler (ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodland Cemt. Quincy. Ill DATE Oct. 22. 1936

19. UNDERTAKER James A Cooler (ADDRESS) Lewistown, Mo.

20. FILED Oct. 21. 1936 James A Cooler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936, to Oct 20 1936
I last saw him alive on Oct 20 1936. Death is said to have occurred on the date stated above, at 5.30 a.m.
The principal cause of death and related causes of importance were as follows:

Appoplixie. — Date of onset Oct 20

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? None 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) Harry T. McBrachin M.D.
(Address) Lewistown Mo.