

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 17 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5478

1. PLACE OF DEATH

County Christian
Township Logan
City (No. _____)

Registration District No. 183
Primary Registration District No. 5-2-5-3

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Chalottie Caroline Keller

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>B. F. Keller</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31-1872</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
	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>Mo.</u>			
FATHER	13. NAME <u>George Sanders</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth Patterson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Alfred Young, Nixa, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manly Cem.</u> DATE <u>Feb. 8- 37</u>			
19. UNDERTAKER (ADDRESS) <u>J. W. Maples, Clever, Mo.</u>			
20. FILED <u>Feb. 19, 1937</u> <u>Ida B. Hawkins</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1937, to Feb. 7th, 1937.

I last saw him alive on Feb. 7th, 1937. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

1090

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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 _____, 1937

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) P. E. Williams M. D.
(Address) Nixa, Mo.

