

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bushanan
Township Washington
City St. Joseph

Registration District No. 83
Primary Registration District No. 1000

File No. 11298
Registered No. 413

2. FULL NAME

(a) Residence, No. Williams Wallace Keller St. Lawrence Ward. Lawrence

(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>male</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>Maudie E. Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 1890</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>7</u>
	DAYS <u>12</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 13 1937</u>	11. Total time (years) spent in this occupation <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Co. Iowa</u>		
FATHER	13. NAME <u>William E. Keller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry County Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry County Iowa</u>	
17. INFORMANT <u>Maudie E. Keller</u> (ADDRESS) <u>Lawrence</u>		
18. BIRTH, CREMATION, OR REMOVAL PLACE <u>Bedford Grove</u> DATE <u>Apr 2 1937</u>		
19. UNDERTAKER <u>Walter E. Shum</u> (ADDRESS) <u>Bedford Grove</u>		
20. FILED <u>Apr 2 1937</u> <u>W. J. Nestlebus</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1937, to Apr 2 1937

I last saw him alive on Apr 1 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:
General peritonitis
Tubercular meningitis

Date of onset Mar 28

Other contributory causes of importance:
Perforated Duodenum
Ulcers

Date of onset Mar 23

Name of operation Cholecystectomy Date of Mar 27

What test confirmed diagnosis? ops Was there an autopsy? yes

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) H. S. Saurad, M. D.
(Address) St Joseph - 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.

