

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

Do not use this space.

1. PLACE OF DEATH
 County Jefferson Registration District No. 421
 Township Jobachme Primary Registration District No. 5575
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William T. Keller
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. 12305
 Registered No. 24

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>7</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 3-11-37 **11. Total time (years) spent in this occupation** Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Mo.

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

MOTHER
15. MAIDEN NAME Rossana F Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

17. INFORMANT (ADDRESS) Junius Keller Hematite Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hematite DATE 3-17 1937

19. UNDERTAKER (ADDRESS) Quester & Ungard Festus Mo

20. FILED 3/17 1937 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937, to March 16, 1937
 I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
 Date of onset _____
 Other contributory causes of importance: 151

Name of operation _____ Date of _____
 What test confirmed diagnosis? Heart, Intest. Punc. 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?
 If so, specify _____
 (Signed) J. F. Dornell M. D.
 (Address) Crystal 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.

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

1-28314

