

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

County Howell
 Township Willow Springs
 City Willow Springs, Mo.

Registration District No. 385
 Primary Registration District No. 5540
5536

File No. 16542
 Registered No. _____
 St. _____ Ward) _____

2. FULL NAME Mrs. Lou Keeler.

(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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. A. Keeler</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10/1862</u> | | |
| 7. AGE | YEARS 75 | MONTHS 3 |
| | DAYS 20 | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | 11. Total time (years) spent in this occupation _____ |
| | 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) _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Georgia</u> | | |
| FATHER | 13. NAME <u>Jim Black</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u> | |
| MOTHER | 15. MAIDEN NAME <u>Altho Dover</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u> | |
| 17. INFORMANT (ADDRESS) <u>Theodore Keeler Willow Springs, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dry Creek.</u> DATE <u>5/2/1937</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Burns & Son Willow Springs, Mo.</u> | | |
| 20. FILED <u>5/7</u> , 19 <u>37</u> <u>Dora Seeger</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to _____, 19____
 I last saw him alive on April 28, 1937. Death is said to have occurred on the date stated above, at 3 P. M. 4/30/1937
 The principal cause of death and related causes of importance were as follows:
Fatty degeneration of heart
93
 Other contributory causes of importance: Ch - gall bladder infection

Name of operation none Date of _____
 What test confirmed diagnosis? Chemic 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) P. D. Brown, M. D.
 (Address) 114 S. Olive, 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.

[The main body of the document contains a large amount of extremely faint and illegible text, likely representing a legal document or court record.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Hawley Registration District No. 385
 Township Willow Springs Primary Registration District No. 3336
 City _____ St. _____ Ward _____

File No. 16542
 Registered No. _____

2. FULL NAME

Mrs Lou Keeler

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1862
 7. AGE YEARS 75 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 of Georgia (STATE OR COUNTRY)

13. NAME Jim Black

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

15. MAIDEN NAME Altha Over

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

17. INFORMANT Shepherd Keeler (ADDRESS) Willow Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek DATE 5/2 1937

19. UNDERTAKER Burns and Son (ADDRESS) Willow Springs

20. FILED 6-23-1937 Marlette Telman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 to _____, 19____
 I last saw him alive on Apr 28, 1937. Death is said to have occurred on the date stated above, at 3 A.M. Apr 30 1937
 The principal cause of death and related causes of importance were as follows:

Subdegeneration of the heart
Ch. Gall bladder infection
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) P. W. Burn, M. D.
 (Address) West Plains Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

s-16542