

NOV 16 1937

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

Do not use this space.

37468

1. PLACE OF DEATH

County Christian Registration District No. 210
Township Wafayette Primary Registration District No. 5289
City (No. _____) St. _____ Ward _____

File No. 6
Registered No. 9

2. FULL NAME Hattie 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 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 Rufus Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1864

7. AGE YEARS 73 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Buchanan Co. Mo.

13. NAME Lavi Dinebiss

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

15. MAIDEN NAME Elizabeth Amogh

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

17. INFORMANT M. L. Keller (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelly Cemetery DATE Oct. 15, 1937

19. UNDERTAKER J. G. Jones (ADDRESS) St. Louis, Mo.

20. FILED Oct 14 1937 John Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec-21, 1936 to Oct 13, 1937

I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Endocarditis & Embolus causing Paralysis May 11

Other contributory causes of importance: Fracture of hip Oct 21-36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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. M. Steckman, M. D.
(Address) Platonsburg, Mo.

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.

OCCUPATION
FATHER
MOTHER

