

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH  
County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH (No. ST. JOSEPH'S HOSPITAL St.                      Ward                     )

2. FULL NAME RUFUS H. KELLER L. C. D.  
(a) Residence, No. ALBANY, MISSOURI. St.                      Ward. Albany Mo.  
(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 8, 1912

7. AGE YEARS 25 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

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) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AGENCY, MISSOURI

13. NAME H. KELLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW Co. Mo.

15. MAIDEN NAME MYRTLE ROLL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUCHANAN Co. MISSOURI

17. INFORMANT MR. & MRS. H. KELLER  
(ADDRESS) ALBANY, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ASHLAND CEMETERY, DATE FEB. 18, 1938

19. UNDERTAKER FLEMAN & SON, INC.  
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 2/18 1938 A. Heston  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 17, 1938. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/26/38, 1938, to 2/17, 1938  
last saw him alive on 2/16, 1938 Death is said to have occurred on the date stated above, at 1:20 A.

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

(Endocarditis (Chr) + acute due to Streptococcus (non haemolytic)) Date of onset Dec. 37  
Septicemia Streptococci 92h.  
Pericardial Emboli  
Heart Failure

Other contributory causes of importance:  
Septicemia Streptococci  
Pericardial Emboli  
Heart Failure

Name of operation None Date of                     

What test confirmed diagnosis Lab. 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. no

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                       
(Signed) A. Heston M. D.  
(Address) 825 Charles St. 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.

