

REC'D SEP 27 1938 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

29475

1. PLACE OF DEATH

64

County Marion  
 Township Fabius  
 City Palmyra (No. .... St. .... Ward)

Registration District No. 548  
 Primary Registration District No. 5743

File No. ....  
 Registered No. 51

2. FULL NAME Harry Paul Keller

(a) Residence, No. Marion Co. Mo. 112 Ward. 460  
 (Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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, WHO WAS YOUR HUSBAND OF (or wife of) Mayme McClellan Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1882

7. AGE YEARS 56 MONTHS 1 DAYS 3 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) Aug. 15 1938 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

13. NAME Charles B. Keller

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

15. MAIDEN NAME Dora LaFon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT James Keller (ADDRESS) Taylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. DATE 8/19/38

19. UNDERTAKER Lottie Bruce (ADDRESS) Palmyra, Mo.

20. FILED Aug. 17 1938 Caroline Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch., 1938, to Aug., 1938

I last saw him alive on 3-11-38, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Myocarditis Date of onset  
93C  
 Other contributory causes of importance None

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 T.G. Throck, M. D.  
 (Signed) T. G. Throck (Address) Palmyra, 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.

