

REC'D SEP 19 1939

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

29872

Do not use this space.

## 1. PLACE OF DEATH

(a) County Tennessee Registration District No. 653  
 (b) Township Braggsville Primary Registration District No. 5871  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 74

## 2. PRINT FULL NAME

Robert Keller  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 12:50 PM

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 Annie Keller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1865  
 7. AGE YEARS 72 MONTHS 11 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939, to Aug 7, 1939  
 I last saw him alive on Aug. 7, 1939 Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Double Bronchus Pneumonia Date of onset July 26  
1072

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Tennessee13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown17. INFORMANT Frank Keller (ADDRESS) Deering, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Braggsville, Mo. DATE 8/8 193919. FUNERAL DIRECTOR (NAME) La Zango Ind. Co. (ADDRESS) Cannonsville, Mo.20. FILED 8/7 1939 Pearl Kelley Local Registrar.

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? no 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) Asier J. Greer M. D.  
Deering, Mo. (Address)

RECEIVED

District Health Officer No. 3,

District File Number 939-560

Date Filed 9/12/39

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**