

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

**JAN 18 1938**

45494

**1. PLACE OF DEATH**

County Henry Registration District No. 34  
 Township Bogard Primary Registration District No. 5485  
 City (No) St. (No) Ward (No)

**2. FULL NAME** Elizabeth Aron Keller

(a) Residence, No. (Usual place of abode) St. (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** F    **4. COLOR OR RACE** W.    **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** S.

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** (None)

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 12-19-37

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
<u>Inf.</u>	<u>0</u>	<u>12</u>	<u>19</u>	<u>7</u>

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Infant

**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)** Urich Mo.

**FATHER**

**13. NAME** Wallace Keller

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clinton Mo.

**MOTHER**

**15. MAIDEN NAME** Martha E. Kerns

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Stewartville Mo.

**17. INFORMANT (ADDRESS)** Henry S. Kerns, Urich Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Urich Ave. Dec 20 1937

**19. UNDERTAKER (ADDRESS)** Graham Furniture Co, Urich Mo.

**20. FILED** Jan 27 1938 J. R. Hampton Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 12-19, 1937

**22. I HEREBY CERTIFY, That I attended deceased from** 12-19, 1937 **to** 12-19, 1937

**I last saw him alive on** \_\_\_\_\_ **19** **Death is said to have occurred on the date stated above, at** \_\_\_\_\_ **m.**

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

Malposition of child      **Date of onset**  
Ad. Ad. when deliv.  
ered

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

**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?** \_\_\_\_\_

**If so, specify** \_\_\_\_\_

**(Signed)** H. E. Smith **M. D.**  
**(Address)** Urich Mo

WRITE PLAINLY WITH LEADING INK---THIS IS A PERMANENT RECORD

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.

