

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

Do not use this space.

AUG 17 1936

25743

1. PLACE OF DEATH

County Callaway
Township Linnake
City Hampshire (No.)

Registration District No. 105
Primary Registration District No. 5155

File No.
Registered No. 27
St. Ward)

2. FULL NAME

John Henry Keller
(a) Residence, No. W. B. Hampshire St., Ward.

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. (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly - Illinois

13. NAME Samuel Keller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky -

15. MAIDEN NAME unknown

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

17. INFORMANT Wm. Breid (ADDRESS) Fulton, R. F. D. No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried - Hampshire DATE Aug - 1st 1936

19. UNDERTAKER W. W. Holman - coroner (ADDRESS) 8-E-8th St. Fulton, Mo.

20. FILED 8/8 1936 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Between July 22nd + Aug 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him die on August 1st 1936. 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:
His bones were found about 1 mile N. E. Hampshire in a brush patch 100 yds. from corner of road 1/4 mile - S. Wm. Breid Residence
Cause of death unknown to jury.

Other contributory causes of importance:
J.P.O.

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) W. W. Holman - coroner
(Address) 8-E-8th St. Fulton, 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.

