

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

Do not use this space.

10810

**1. PLACE OF DEATH**

County Monteau  
Township Willamfork  
City Fort Tarkenton (No. ....)

Registration District No. 573  
Primary Registration District No. 4337

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Charles B. Keller

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred, 0 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**

Emma Keller

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Oct. 22 1850

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>78</u>	<u>4</u>	<u>24</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Minning

(b) General nature of industry, business, or establishment in which employed (or employer)

Coal-Lead-Zinc

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

not known

**10. NAME OF FATHER**

dont no

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

dont no

**12. MAIDEN NAME OF MOTHER**

dont no

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

dont no

**14. INFORMANT**

(Address)

Wm Keller  
Expton Mo.

**15. FILED**

3/16, 1931

J S Wilson

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 16 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from you, 1929, to Mar 16, 1931, that I last saw him alive on March 11, 1931, and that death occurred, on the date stated above, at 8 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral sclerosis  
97

**CONTRIBUTORY (SECONDARY)**

(duration) several years

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J S Wilson, M. D.

3-16, 1931 (Address) Fort Tarkenton

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Green Grove Cemetery 3/17 1931

**20. UNDERTAKER**

**ADDRESS**

Louis G. Vashoff Expton Mo.

APR 24 1931

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.

