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

Do not use this space.

10365

1. PLACE OF DEATH
County St Francois — Registration District No. 793
Township Pendleton — Primary Registration District No. 6023
City ..... (No. ....., ..... St. ..... Ward)
File No. ..... Registered No. 37

2. FULL NAME Mrs Debora Kellerman

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

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

5a. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Henry Kellerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1848

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 6 | 13 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Rice Coffey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Elvira Haydon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs James Boone
(Address) Elvins, Mo

15. FILED 3/8 1928 B. H. Robinson REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1928, to Mar. 6 —, 1928 that I last saw h. alive on Mar. 6 —, 1928 and that death occurred, on the date stated above, at 10:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
.....
.....
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) None Known
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General
(Signed) W. M. Branning, M. D
3-8-, 1928 (Address) Farmington Mo.

*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 Pendleton Dot Rem mo — DATE OF BURIAL 3/8 1928

20. UNDERTAKER Neidert Undtk — ADDRESS Fyton Mo

NOTICE OF DEATH (in plain terms, so that it may be understood) must be given by the undertaker, householder, or other person having knowledge of the facts, to the local registrar of the district in which death occurred, within 24 hours after death. Give exact statement of OCCUPATION and CAUSE OF DEATH.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St. Francois  Registration District No. 773  File No.
Township Pendleton  Primary Registration District No. 6023  Registered No. 37
City ... (No. ..., ... St. ... Ward)

2. FULL NAME Mrs. Deborah Kellerman

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

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

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY)

14. INFORMANT ...
(Address)

15. FILED 5-21-28 B. L. Robinson
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ..., 19...
that I last saw h... alive on ..., 19..., and that
death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
acute ascending
... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) None known
... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Browning, M. D
, 19 (Address) Farmington Mo.

*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 19 |
|---|---|
| 20. UNDERTAKER | ADDRESS |

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED.

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