

WHEN THIS CARRIES THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Freda Theis

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR

Lincoln, Nebraska

Feb. 10, 1969

Butte Co.
Ward
Meller

K-260

STANDARD CERTIFICATE OF DEATH
 State of Nebraska
 Registered No. **7488**

Full Name *William Horney Keyser*

PERSONAL AND STATISTICAL PARTICULARS

1 COLOR OR RACE *white* 2 Single, Married, Widowed, or Divorced. *married*

3 DATE OF BIRTH *March 1854*

4 PLACE OF BIRTH *Iowa*

5 NAME OF FATHER *Russell Keyser*

6 PLACE OF FATHER (State or country) *Iowa*

7 MAIDEN NAME OF MOTHER *Unknown*

8 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

9 (Signature) *Charles H. Keyser*
 (Address) *Miller, Neb.*

10 MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH *Aug 17 1916*

12 I HEREBY CERTIFY, That I attended deceased from *April 1912* to *Aug 17 1916* that I last saw him alive on *Aug 16 1916* and that death occurred, on the date stated above, at *2 a.m.*

The CAUSE OF DEATH* was as follows:
Multiple Myeloma

13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death *1916* In the State *Nebraska*

Where was disease contracted, not at place of death?
 Former or Usual residence *Miller, Neb.*

14 PLACE OF BURIAL OR REMOVAL *Miller, Neb.* DATE OF BURIAL *Aug 18 1916*

15 UNDERTAKER *C. J. ...* ADDRESS *Miller, Neb.*

Registrar