

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

Do not use this space.

5175

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Flaw Primary Registration District No. 1007
 City Kansas City (No. 4519) Tracy St. _____ (Ward) _____
 Registered No. 837

2. FULL NAME George Alfred Keltner
 (a) Residence. No. _____ St. _____ Ward. Northome, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Sept. 14 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>5</u>	<u>12</u>	

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

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

10. NAME OF FATHER John P. Keltner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Maud. Berrier
 (Address) 4519 Tracy

15. FILED Feb. 28 1928 M. M. Corvane
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 19 1928, to Feb 23 1928 that I last saw him alive on Feb 23 1928, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Bronchitis pneumonia
Asx

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) Newcomb, M. D.
2/24, 1928 (Address) 400 Park Blvd - Ken

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Northome, Mo. DATE OF BURIAL Feb 25 1928

20. UNDERTAKER H. H. Newcomb's Sons & Co Mo ADDRESS _____

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.

THIS IS A PERMANENT RECORD

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