APR 30 1930

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

Do not use this space.

9145

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No. 114
City Joplin (No. St. John's Hospital St. Ward)

2. FULL NAME Henry John Keltner
(a) Residence. No. 521 Poplar, Carthage, Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 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)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	4	12	

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

9. BIRTHPLACE (CITY OR TOWN) Fairfield, Iowa
(STATE OR COUNTRY)

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

14. INFORMANT Mrs. Anna Bates
(Address) 521 Poplar, Carthage, Mo.

15. FILED 3/15 1930 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-24, 1930, to 3-8, 1930 that I last saw him alive on 3-8, 1930, and that death occurred, on the date stated above, at 12 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Hypertrophied Prostatitis
137
138 (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uraemia
(duration) yrs. mos. 21 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? None
(Signed) H. A. La Force, M. D.
Mar 13, 1930 (Address) Carthage 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
Park Cemetery	Mch 13 1930
20. UNDERTAKER	ADDRESS
Knell Mortuary	Carthage Mo.

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.