

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

Do not use this space.

26735

1. PLACE OF DEATH SEP 20 1935

County Jasper
Township Jackson
City Clinton (No.)

Registration District No. 408
Primary Registration District No. ES 63 A

File No.
Registered No.
St. Ward

2. FULL NAME Daniel Webster Keltner

(a) Residence, No. Route 2 St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 90 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1958

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri

FATHER 13. NAME Samuel Keltner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT S. B. Clinton (ADDRESS) Clinton, Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Aug. 20, 1935

19. UNDERTAKER Lucas Mortuary (ADDRESS) Clinton, Missouri

20. FILED Aug 19, 1935 S. B. Clinton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933 to Aug 18, 1935. I last saw him alive on Aug 17, 1935. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
121

Other contributory causes of importance:

Chronic hypertrophic prostatitis

Name of operation ✓ Date of
What test confirmed diagnosis? Anal. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Lloyd S. Clinton M. D.
(Address) Clinton, Missouri

WRITE PLAINLY, WITH UNFAADING INK---THIS IS A PERMANENT RECORD

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.

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