JAN 18 1938

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

Do not use this space.

File No. 45352

Registered No. .....

1. PLACE OF DEATH

County: Greene — Registration District No.: 317

Township: Wilson — Primary Registration District No.: 5442

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Still birth

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 29 - 1937

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: none
(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): Greene Co. Mo

PARENTS

10. NAME OF FATHER: John Thomas Keltner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Mo

12. MAIDEN NAME OF MOTHER: Grace Gilleland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Greene Co Mo

14. INFORMANT: John T. Keltner
(Address): Brookline Sta. Mo Rt 1

15. FILED: Dec 30 1937 Mrs. Bertha Nance
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 29 1937

17. I HEREBY CERTIFY, That I attended deceased from Dec-29- 1937, to Dec-29- 1937, that I last saw h~~er~~ ~~alive on~~ Dec 29 1937, and that death occurred, on the date stated above, at 6.40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Still born

Strangulated by cord

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(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? Clinical

(Signed) E. M. Le Compte, M. D

, 19 (Address) Brookline Sta. 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: Manley Cemetery

DATE OF BURIAL: 12/30 1937

20. UNDERTAKER: T. W. Maples

ADDRESS: Clever Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.