

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

Do not use this space.

22898

PLACE OF DEATH

County Iron
Township Madison
City Monton (No. Ward)

Registration District No. 391
Primary Registration District No. 5946a

File No.
Registered No. 33

2. FULL NAME Millie Keltner
(a) Residence. No. Baptist Home St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 4 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Keltner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 27 - 1883</u>		
7. AGE, YEARS <u>77</u>	MONTHS <u>6</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Janitor of Home</u> (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) West Virginia

PARENTS	10. NAME OF FATHER <u>Straight</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	12. MAIDEN NAME OF MOTHER <u>Don't Know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>

14. INFORMANT Wilford Riggs
(Address) Monton, Mo.

15. FILED 7/24/30 R.A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 to July 17 1930 that I last saw h. or alive on July 17 1930 and that death occurred, on the date stated above, at 8-0 o'clock o m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris (Neuralgia of the Heart)
194A
162 (duration) yrs. mos. ds.
CONTRIBUTORY Old Age (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH
89
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Edward R. Bamhouse, M.D.
7/24/30 (Address) Monton 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 <u>Baptist Home</u>	DATE OF BURIAL <u>7, 24, 1930</u>
20. UNDERTAKER <u>S E Bond</u>	ADDRESS <u>Monton Mo</u>

WRITE PLAINLY, WITH UNFADING 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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