JUN 27 1927

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.

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

Do not use this space. 14781

1. PLACE OF DEATH
County: Greene — Registration District No.: 318
Township: — Primary Registration District No.: 2001
City: Springfield (No. 1060 S Fremont St. Ward)

File No.:
Registered No.: 291

2. FULL NAME: Mollie Mary Lynn Kelton

(a) Residence. No. 1060 S Fremont 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: F.
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7 1923

7. AGE: Years 4 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Will B Kelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mabel Robertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Mo

14. INFORMANT: Frank Robertson
(Address): Springfield Mo

15. Filed 5/10 1927 O C Hurst Reg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to May 7, 1927, that I last saw h. alive on May 7, 1927, and that death occurred, on the date stated above, at 9:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal meningitis
120 hrs
S.B. 1146
(duration) yrs. mos. One ds.

CONTRIBUTORY (SECONDARY): Intestinal toxemia
(duration) yrs. 15 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? California
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) Leslie R. Webb, M. D
5-10, 1927 (Address) 947 Landers Bldg.

*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: Maple Park Cemetery
DATE OF BURIAL: 5/10 1927

20. UNDERTAKER: Alma Rohrmeyer Funeral Home
ADDRESS: 934 St Louis