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.

22957

1. PLACE OF DEATH

County..... Registration District No. 701 File No.....

Township..... Primary Registration District No. 1003 Registered No. 6634

City St Louis (No. 2640, Gravois Av., St. ..... Ward)

2. FULL NAME Margaretta Ann Kelso

(a) Residence. No..... St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	1	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) retired.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Billups.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Margaretta Good.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Virginia

14. INFORMANT Addie Kelso
(Address) 2640 Gravois Av.

15. FILED JUL 21 1927, 19.... Mark Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 20 - 1927

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to July 19, 1927, that I last saw her alive on July 19, 1927, and that death occurred, on the date stated above, at 12 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) Y. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxic Goitre

Exophthalmic (duration) Y. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 60

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Geo W Becker, M. D

, 19 (Address) 3155 So Grand Ave

*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
Zion Cemetery	July 23 1927

20. UNDERTAKER J H Gebken ADDRESS 2630 Gravois Av.

Dr Becker
Grand Hartford.
3155