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

Do not use this space.

85

29559

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 1009

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Margaret Kelley,

(a) Residence. No. 3003 Locust St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 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	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert A. Kelley,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 18, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	9	15	

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):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Preston County,
(STATE OR COUNTRY) West Virginia,

PARENTS

10. NAME OF FATHER George Morgan,

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

12. MAIDEN NAME OF MOTHER Elizabeth Maneer,

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

14. INFORMANT Miss Laura Kelley
(Address) 3003 Locust Street

15. FILED OCT 3 1927 John G. Ft REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3rd 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1927, to Oct 3, 1927, that I last saw b. alive on Oct 2, 1927, and that death occurred, on the date stated above, at 12.50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

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(duration) 2 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) Bennett Stook, M. D.

10/5, 1927 (Address) 211 Phyp Sanger 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: Ashland Cemetery — DATE OF BURIAL: Oct. 5th 1927

20. UNDERTAKER: Heaton-Bessole Undertaking Co. by J. H. Kane — ADDRESS: 319 S. 10 St.

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.