

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

Do not use this space.

31662

**1. PLACE OF DEATH**

County City of St. Louis

Registration District No. 791

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1003

Registered No. 9004

City Mo. Pac. Hosp

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frank Kelly

(a) Residence, No. Pacific Hotel St. 17 Ward. Wichita Kans

(Usual place of abode) Wichita Kans (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 54 mos. 5 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Bess Kelley

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

6-8-1860

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

67

4

1

**8. OCCUPATION OF DECEASED**

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

Conductor, Railroad

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

Railroad

(c) Name of employer

Mo Pac RR

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Indiana

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

(Address)

Allegre Kelly  
Wichita Kansas

**15.**

FILED

OCT 10 1927

Max C. Starceff

REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 9, 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927 to Oct 9, 1927, that I last saw him alive on Oct 9, 1927, and that death occurred, on the date stated above, at 7 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1) Cerebral Hemorrhage (Sudden)

80  
24  
38

CONTRIBUTORY 2) Tapes Corrosion 3) Syphilis

(SECONDARY) 5 (duration) ? Indefinite ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

Unknown

**0** DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Wassermann & Clinical Reaction

(Signed)

Jerome B. Levy, M.D.

Oct 9, 1927 (Address) Mo Pac Hosp

\*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

Wichita Kansas

10/12/27

**20. UNDERTAKER**

Vets Bros.

ADDRESS

3024 Lafayette

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.

