

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

Do not use this space.

38750

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 11478

City St. Louis (No. St. John's Hospital)

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. 12 Ward. East St. Louis 3rd  
(Usual place of abode) (if nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 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*) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>3</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Attorney  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Coel to Prairie  
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Wm Webb

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Raymond D. Webb  
(Address) East St. Louis Ill

15. FILED DEC 22 1921 Mar 6 Starrscoff  
19..... REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1921

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1921, to Dec 21 1921, that I last saw him alive on Dec 21 1921, and that death occurred, on the date stated above, at 12 A m.

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

131  
132K  
Chronic nephritis  
(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1290  
uremia (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Blood & urine findings  
(Signed) W. M. Hays M. D.  
, 19 (Address) 1010 Pine St.

\*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 Mt. Hope Belleville DATE OF BURIAL Dec 23 1921

20. UNDERTAKER Thos. Burke ADDRESS East St. Louis Ill

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.

THIS IS A PERMANENT RECORD

