

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

Do not use this space.

1520

1928

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No.)

Registration District No. 4111
Primary Registration District No. 2002

File No.
Registered No. 8
St. Ward)

2. FULL NAME

(a) Residence No. St. John's Wood Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (in the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inf.
(b) General nature of industry, business, or establishment in which employed (or employer) 150
(c) Name of employer 150

9. BIRTHPLACE (CITY OR TOWN) Baxter Springs
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Harry Kelley

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

12. MAIDEN NAME OF MOTHER Sadie Hardin

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

14. INFORMANT Harry Kelley
(Address) Baxter Springs

15. FILED 1/4 19 28 Dr. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
Heart defect
Brain hemorrhage
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Elsworth Moody M. D.
1/4, 19 28 (Address) Joplin Mo.

*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 Baxter Springs DATE OF BURIAL 1-5 1928

20. UNDERTAKER Harvey's ADDRESS Baxter Springs

FADING INK---THIS IS A PERMANENT RECORD

SITE PL

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jasper

Registration District No. 411

File No.

Township

Primary Registration District No. 2002

Registered No. 8

City Joplin

(No. St. Ward)

2. FULL NAME Joseph James Kelley

(a) Residence No. St. Ward. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1927

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

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3/16 1928 H. A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... (that I last saw him... since on... 19... and that death occurred, on the date stated above, at... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probable Pneumonic Meningitis
Secondary Brain Hemorrhage
Probably due to birth injury

CONTRIBUTORY (SECONDARY) 161 B (duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

*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

20. UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A SUPPLEMENTARY CERTIFICATE OF DEATH. INFORMATION SHOULD BE SUPPLIED. AGE SHOULD BE STATED EXACTLY. PLACE OF OCCUPATION SHOULD BE STATED EXACTLY. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1950 12 15

5-1520

AT 10:15
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