

FEB 21 1928

STATE OF KANSAS

STANDARD 2002

## CERTIFICATE OF DEATH

Do not write

1549

In this space

State Board of Health—Division of Vital Statistics

1 PLACE OF DEATH: County

Cherokee Jasper

Township

Opelin

Registered No.

No.

St. James Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Geo. D. Kelsey

(a) Residence. No.

St.

Ward

(Usual place of abode.)

(If none, give city or town and state.)

Length of residence in city or town where death occurred

Yrs. 3 mos. 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

Amy eta Kelsey

6 DATE OF BIRTH (month, day, and year)

Feb 21, 1843

7 AGE

Years

Months

Days

If LESS than

83

11

15

1 day.....hrs.  
or.....min.

8 OCCUPATION OF DECEASED

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

Retired Farmer

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

20 years.

(c) Name of employer.

9 BIRTHPLACE (city or town)

James Kelsey

(State or country)

Ohio

10 NAME OF FATHER

James B. Kelsey

(City or town)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

S. Coon

(City or town)

(State or country)

Penn.

14 Informant

Sarah L. Kelsey

(Address)

Foster Springs

15 Filed

1/24 1928

W. A. Benson Clark

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

192

17 I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1927, to Jan 23rd, 1928

that I last saw him alive on Jan 22, 1928

and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH \* was as follows:

Prostatic hypertrophy

137 25 (duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)Prostatic disease  
(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? none

(Signed) William M. Turner, M. D.

174, 1928 (Address) Foster Springs

\* 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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR  
REMOVAL

Osceola, La

DATE OF BURIAL

1/25 1928

20 UNDERTAKER

A. L. Harvey

ADDRESS

Foster Springs

MARGIN RESERVED FOR BINDING

V. S. No. 98  
p. 602-7-8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

United States State Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also, (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninginges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles;

...ing cough; Chronic valvular disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). Never report mere symptoms or terminal such as "Asthenia," "Anemia" (merely syn "Atrophy," "Collapse," "Coma," "Convulsibility" ("Congenital," "Senile," etc.), "Dropt haustion," "Heart failure," "Hemorrhage," "Marasmus," "Old age," "Shock," "Uremia," etc., when a definite disease can be ascertained cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicemia," "PERITONITIS," etc. State cause for which operation was undertaken. For VIOLENT DE MEANS OF INJURY and qualify as ACCIDENTAL, HOMICIDAL, or as probably such, if impossible to mine definitely. Examples: Accidental drowning by railway train—accident; Revolver wound homicide; Poisoned by carbolic acid—probable. The nature of the injury, as fracture of skull sequences (e. g., sepsis, tetanus), may be stated head of "Contributory." (Recommendation of cause of death approved by Committee of the American Medical Association)

NOTE.—Individual offices may add to above list of terms and refuse to accept certificates containing them in use in New York City states: "Certificates will for additional information which give any of the following without explanation, as the sole cause of death: Abort childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, plicemia, tetanus." But general adoption of the minor stated will work vast improvement, and its scope can be a later date.

ADDITIONAL SPACE FOR FURTHER STATE BY PHYSICIAN

11-4684

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

*Jan*

**1. PLACE OF DEATH.**

County Jasper Registration District No. 411 File No. ....  
 Township ..... Primary Registration District No. 2002 Registered No. ....  
 City Joplin (No. St. James Hosp) St. .... Ward)

**2. FULL NAME** Geo D. Kelley

(a) Residence. No. .... St. .... 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 11 3

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)

**PARENTS**  
 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 Dr. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1928  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alone on ..... 19....., and that death occurred, on the date stated above, at..... m.

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

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.  
 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)....., 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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
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SUPPLEMENTARY

5-1949