

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

Do not use this space.

2379

**FEB 23 1928**

**1. PLACE OF DEATH**

County.....St. Louis..... Registration District No. 785  
 Township Cavendish..... Primary Registration District No. 6248  
 City.....Kirkwood Mo...... (No. Bethesda Hospital)..... St. .... Ward)

File No. ....  
 Registered No. 23  
 St. .... Ward)

**2. FULL NAME** Herbert D. Kelly

(a) Residence. No. 423 California Ave., 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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

Susan Law Kelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
31 11 12 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Bond-Salesman

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Liberty  
 (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER John D. Kelly

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

12. MAIDEN NAME OF MOTHER Tampa Spellman

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

14. INFORMANT Mrs. J. D. Kelly  
 (Address)

15. FILED 2/2 1928 C. A. Barnett, M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 - 28, 1928, to Jan 23rd, 1928 that I last saw him alive on Jan 23rd, 1928, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar pneumonia - right & left lower lobes and right middle lobe.

108 101 W (duration) yrs. mos. ds. 8

CONTRIBUTORY None (SECONDARY) (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
Wray's method  
 (Signed) W. A. ... M. D.  
 , 19 (Address) 1140 ...

\*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 Valhalla Cemetery DATE OF BURIAL Jan 26 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

DEATH RECORD

Wings 10-12 (10)