

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

Do not use this space.

2787

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 1365
 City St. Louis, Mo. (No. 5800, Arsenal Informant St. W. A. Ward)

2. FULL NAME

James Kelsey
 (a) Residence No. 5800 Arsenal St. Ward 13 (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1863

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>64</u>	<u>2</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Ethelred Kelsey

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Jae Ousompan
 (Address) 14 26 N. 10th St.

15. FILED Jan 11 1928 Max C. Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to Jan 9, 1928, that I last saw him alive on Jan 9, 1928, and that death occurred, on the date stated above, at 11:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chr. Myocarditis.
931 / 29 W
 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) chr nephritis.
 (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? None.
 WHAT TEST CONFIRMED DIAGNOSIS? None.
 (Signed) George Lewis M.D.
 , 19 (Address) Resolution 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 Calvary Cemetery DATE OF BURIAL Jan 11 1928

20. UNDERTAKER W. H. Brown & Sons Co ADDRESS 2842 Meramec

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.

