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

Do not use this space.
6719

1. PLACE OF DEATH
County: —
Township: —
City: St Louis (No. ..... St. ..... Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 1671
Registered No. .....

2. FULL NAME Thomas D. O'Kelley
(a) Residence. No. 3673 Finney Ave. St. 11 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1850

7. AGE: Years 77 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) Havana
(STATE OR COUNTRY) New Mexico

PARENTS
10. NAME OF FATHER Thos O'Kelley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Rose
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Oscar D. O'Kelley
(Address) 3673 Finney St

15. FILED FEB 1 1 1928 Mary Tarlecky REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1927, to Feby 12, 1928, that I last saw h. alive on Feby 12, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
9 M (duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) N/P (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) George H. Rice, M. D
2/14, 1928 (Address) 3507 Page

*State the DISEASE CAUSING DEATH, or if 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
DATE OF BURIAL 2/15 1928

20. UNDERTAKER Jno P. Allen
ADDRESS 928 N. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD