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

Do not use this space.

10938

1. PLACE OF DEATH 92-1873

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ~~1003~~ Registered No. 2763

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME VALENTINE KELLY

(a) Residence. No. ~~[illegible]~~ St., 22 Ward. St. Louis Sta

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21 - 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	3	18	

8. OCCUPATION OF DECEASED

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

(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) Missouri

PARENTS

10. NAME OF FATHER Wm B Kelly

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

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Minnie Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Mo

(STATE OR COUNTRY) ~~Hospital Information~~

14. INFORMANT O Rowan

(Address) City Hospital

15. FILED MAR 12 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to March 10, 1928, that I last saw h.m. alive on March 10, 1928, and that death occurred, on the date stated above, at 11.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

23A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry C. Westerman M.D

3/12, 1928 (Address) City Hospital

*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 Cem

DATE OF BURIAL 3/13 1928

20. UNDERTAKER Thos J Finan

ADDRESS 1595 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.

Kelley.