

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

Do not use this space.

17250

1. PLACE OF DEATH

County Franklin Registration District No. _____ File No. _____
 Township Carroll Primary Registration District No. _____ Registered No. 2222
 City St. Marys, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Margaret Kelley Liberty Mo
 (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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 - 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	10		11	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER W. J. Kelley

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

12. MAIDEN NAME OF MOTHER Robert F. Haley

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

14. INFORMANT William Kelley
 (Address) Liberty Mo.

15. FILED 5720 28 M. D. Crow
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1928

17. I HEREBY CERTIFY That I attended deceased from May 1 1928 to May 18 1928
 that I last saw her alive on May 17 1928, and that death occurred, on the date stated above, at 546 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis lethargica

CONTRIBUTORY (SECONDARY) 23
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Liberty, Missouri
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & laboratory findings
 (Signed) Frank R. Deacon M. D.

May 18, 1928 (Address) 1007 Argyle Bldg

*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 Liberty Mo. DATE OF BURIAL 5/24 1928

20. UNDERTAKER H. H. Hill ADDRESS Liberty Mo

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

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.

