

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

Do not use this space.

18116

1. PLACE OF DEATH

County Putnam
Township Richland
City Richland

Registration District No. 722
Primary Registration District No. 5933

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Robert Hickerson Kelly

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5a. IF MARRIED, WIDOWED, OR DIVORCED
X HUSBAND OF (OR) WIFE OF Nancy Ann Kelly Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-9-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>79</u>	<u>7</u>	<u>2</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 870
(c) Name of employer 800

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Thomas Kelly

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

12. MAIDEN NAME OF MOTHER Mrs. Chia Wilson

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

14. INFORMANT Mrs. Dollie Shollenbarger
(Address) _____

15. Filed June 16 1928 W M Hill
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 24, 1924 to May 30, 1928
that I last saw h. f. alive on May 8, 1928, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy
740 (duration) 2 yrs. mos. ds.
CONTRIBUTORY arteriosclerosis
(SECONDARY) (duration) 8 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) Paul Martin, M. D.
, 19 1928 (Address) Unionville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Thompson May 13 1928

20. UNDERTAKER J. O. Husted Unionville, Mo.

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.

