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

Do not use this space.

21562

1. PLACE OF DEATH
County: Pall
Township: Spencer
City: (No. ..... St. ..... Ward)
Registration District No. 724
Primary Registration District No. 5957
File No.
Registered No. 17

2. FULL NAME: Unnamed
(a) Residence. No. Pall Co Mo St. ..... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: Four hours ds. How long in U.S., if of foreign birth? Ca mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Bk

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jun 4/1928

~~7. AGE~~ Years	Months	Days	If LESS than 1 day, 3 hrs. or ..... min.
~~1928~~	~~Jun~~		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(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): Pall Co Mo

PARENTS
10. NAME OF FATHER: Archie Kelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Pike Co Mo
12. MAIDEN NAME OF MOTHER: Gessie Marie Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pall Co Mo

14. INFORMANT: Father
(Address): New London Mo

15. FILED 7-7 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928 to June 4, 1928 that I last saw him alive on June 4, 1928 and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Birth injury
160B
161B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Forceps delivery
(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) [signature], M. D
7/6, 1928 (Address) Auto Mo

*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: New London Mo
DATE OF BURIAL: Jun 5 1928
20. UNDERTAKER: Mone Family
ADDRESS

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.

1928