2 8 1928

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

Do not use this space.

File No. 24798
Registered No. 148

1. PLACE OF DEATH
County: Randolph
Registration District No.: 735
Township:
Primary Registration District No.: 3824
City: Moberly (No. 601 Adams St. Ward)

2. FULL NAME Michael Kelly

(a) Residence. No. 601 Adams 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. (unknown) 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Train Despatcher
(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) Ireland

PARENTS

10. NAME OF FATHER John Kelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY) Ireland
This name is O.K.
12. MAIDEN NAME OF MOTHER Mary Kelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY) Ireland

14. INFORMANT Wm Kelly
(Address) Moberly Mo

15. FILED Aug 2, 1928 Thos S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to July 17, 1928, that I last saw h. alive on July 16, 1928, and that death occurred, on the date stated above, at 11:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of tongue

(duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes No DATE OF Nov 1927 Jan 1928
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. T. Hagan, M. D
7-20th, 1928 (Address) Moberly 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	DATE OF BURIAL
Moberly Mo	7-20th 1928
20. UNDERTAKER	**ADDRESS**
Mahan and Son	Moberly 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.