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

Do not use this space.

31360

1. PLACE OF DEATH
County: Pulaski
Township: Seven
City: (No. ..... St. ..... Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. .....
Registered No. 14

2. FULL NAME: Joseph Walker Kelso

(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: 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: Rosa Kelso

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 10, 1857

7. AGE: 70 YEARS, 11 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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): Farming
(c) Name of employer: Self

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

PARENTS
10. NAME OF FATHER: William Kelso
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT: Rosa Kelso
(Address): Crocker Mo

15. FILED 9/28, 1928 W. J. Sell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928 to Sept 27, 1928 that I last saw him alive on Sept 26, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumatism caused by stepping on a nail. Accidental
1948 (duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY): unknown
(duration) ..... yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 184
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Thorough Examination

(Signed) W. J. Sell M. D
Sept 28, 1928 (Address) Crocker 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: Crocker Cemetery
DATE OF BURIAL: Sept 28, 1928

20. UNDERTAKER: Paul Hoop
ADDRESS: Crocker 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.