

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

32520-a

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

Do not use this space.
 32520-a

1. PLACE OF DEATH
 County Taney. Registration District No. 859. File No. 37
 Township Newton. Primary Registration District No. 6131. Registered No. _____
 City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Amanda A. Kellett
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. **4. COLOR OR RACE** White. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1857.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71. 4.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (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)
Arkansas.

10. NAME OF FATHER Elias Underwood.

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

12. MAIDEN NAME OF MOTHER Don't know.

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

14. INFORMANT (Address) Joe Cleveland Kellett.
Omaha, Ark.

15. FILED 17/ 19 28 Pa Thornhill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19, 1928.

17. I HEREBY CERTIFY, That I attended deceased from _____
Aug. 2d, 1928, to Sept. 19th, 1928.
 (that I last saw her _____ alive on Sept. 15th, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Hepatitis (Parenchymatous hepatitis).

125A (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 124B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH. No. DATE OF _____
20. WAS THERE AN AUTOPSY. No.

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) C. E. Miller, M. D.
9/20/1928 (address) Blue Eye, 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 Don't know **DATE OF BURIAL** 19

20. UNDERTAKER None **ADDRESS** _____

