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

Do not use this space.

34850

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9809

Township ..... Primary Registration District No. 1003 Registered No. 9809

City St Louis (No. 3866a Kennerly St. ..... Ward)

2. FULL NAME Michael Kelly

(a) Residence. No. ..... St., 11 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1844

7. AGE: abt. 84 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Stock & Dairy
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Michael Kelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ellen Kelly (nee)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Michael Kelly Jr
(Address) 5922 Watermen av

15. FILED OCT -5, 1923 Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-3 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1921, to Oct. 3, 1928 that I last saw him alive on Oct. 3, 1928, and that death occurred, on the date stated above, at 5 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
106B
97 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 7 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) Arthur Kley Kaup M.D.
10/3, 1928 (Address) 3834 St Louis Ave

*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: Calvary
DATE OF BURIAL: 10-6 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

Dr Kleykamp.

3834 St Louis -

Lindell 3978