

26 1928

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

Do not use this space.

36241

1. PLACE OF DEATH

County Callaway
Township.....
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 208
St. Ward)

2. FULL NAME

Mrs. Matilda Ann Kelly

(a) Residence No. St. Ward.
(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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
91 | - | - | -

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

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

10. NAME OF FATHER D.K.

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

12. MAIDEN NAME OF MOTHER D.K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) D.K.

14. INFORMANT Mrs. Effie Anthony (Address) Fulton Mo.

15. FILE NO. Nov 14, 1928 REGISTRAR R. N. Creese

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1928

17. I HEREBY CERTIFY That I attended deceased from July 19 1928, to Nov 13 1928 that I last saw him alive on Nov 12 1928 and that death occurred, on the date stated above, at 5:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis.
913
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility & Adhesione
(duration) 5 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Thyroid examination
(Signed) R. Bell, M. D.
, 19 (Address) Fulton 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 South Side Cemetery DATE OF BURIAL Nov 15 1928

20. UNDERTAKER Ch. Bell ADDRESS Fulton 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.

