JAN 21 1929

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

Do not use this space.

39282

1. PLACE OF DEATH

County: Andrew — Registration District No.: 10 — File No.:

Township: Monroe — Primary Registration District No.: 5013 — Registered No.: 7

City: (No. 10 Mi. No. E. of City. St. Ward)

2. FULL NAME: Andrew Jackson Kelly

(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 77 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: Mary Kelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 21, 1851

7. AGE: Years 77 — Months 7 — Days 5 — 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):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.

PARENTS

10. NAME OF FATHER: Ned Kelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No. Carolina

12. MAIDEN NAME OF MOTHER: Hepsabaugh Deakin

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

14. INFORMANT: Mrs. Mary Kelly
(Address) Dec 26 Cosby, Mo.

15. FILED Dec 28, 1928 — O. L. Allen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 26, 1928, that I last saw him alive on about Dec 10, 1928, and that death occurred, on the date stated above, at 5:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Died suddenly.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis a number of years

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. L. Allen, M. D

Dec 26 1928 (Address) O. L. Allen

*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: High Prairie Cemetery — DATE OF BURIAL: Dec, 27, 1928

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon 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.

PERMANENT RECORD