

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

Do not use this space.

40687

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Rau

Primary Registration District No. 1002

City Kansas City (No. 1326 Lake av)

File No. 3162

Registered No. 3162

St. _____ Ward _____

2. FULL NAME

James Franklin Kelsey

(a) Residence. No. 1326 Lake av St. 4 Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 4 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

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 Mrs Lillie May Kelsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72. 6 10

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

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

10. NAME OF FATHER Franklin Kelsey

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

12. MAIDEN NAME OF MOTHER Majinda Austin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chick Vermont

14. INFORMANT Georgia Mitchell
(Address) 1326 Lake

15. FILED 17 19 28 M.M. Brown REGISTRAR
Ass.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928 Wednesday

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
90B 93C
97
CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Paul Carlsby M.D.
17 19 28 (Address) Kansas

*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 Jewell City Kas DATE OF BURIAL 12-15 1928

20. UNDERTAKER Clyde Funeral Home ADDRESS 1800 Linwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

