

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

Do not use this space. **1123**

Kelly

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No. 62

City Springfield (No.) St. Ward)

2. FULL NAME

(a) Residence. No. 730 New 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Anna Wright

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

Unknown 1872

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ... hrs. or ... min.

57

Unknown

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)

Newberry Goods Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Springfield Mo

10. NAME OF FATHER

Christopher Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Aquawake

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14.

INFORMANT
(Address)

Mrs. Aubrey Lee
Springfield Mo

15.

FILED

1-17-29 A. E. Host Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-17-1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-14 1929, to 1-17 1929

that I last saw him alive on 1-16 1929, and that death occurred, on the date stated above, at 3 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"IB - Flu"

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Kelly M. D.

, 19 (Address) Springfield 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

DATE OF BURIAL

Hazelwood

1-18 1929

20. UNDERTAKER

ADDRESS

Anna Lohmeyer 534 St Louis

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. 1 1929 39 6 5 171 8 8

