

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.

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

Do not use this space.

1648
239

1. PLACE OF DEATH

County Jackson
Township Jackson
City St. Louis

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 3027 Oak St. St. 3 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joseph

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-3-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 8 13 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Ohio

10. NAME OF FATHER

Benj. Kelley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Rachael Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT Joseph Collins
(Address) 13027 Oak St.

15.

FILED 1-17-29 M. M. Crowe
Asst REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-16-1929

17. I HEREBY CERTIFY That I attended deceased from Jan 15 to Jan 16, 1929
that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at 10:40 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
828
1078 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Heart (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic

(Signed) P. T. Baker, M. D.

1/17, 1929 (Address) 906 Madison St

*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

Everton, Mo. Jan 19, 1929

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster K. C. Mo.

