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.

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

Do not use this space.

6992

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 50

City Herculaneum (No. ..... St. 11 Ward)

2. FULL NAME Frank Kelly

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Crane Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Lead Works

(c) Name of employer: St. Joseph Lead Company

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ste. Genevieve Co. Mo.

PARENTS

10. NAME OF FATHER: George W. Kelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ste. Genevieve Co. Mo.

12. MAIDEN NAME OF MOTHER: Mary L. Aubuchon.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Scott Co. Mo.

14. INFORMANT: Mrs. Mary L. Kelly
(Address) Herculaneum Mo

15. FILED 2/13, 1929 J. E. Rutledge — REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/12 1929

17. I HEREBY CERTIFY, That I attended deceased from Coroner, 19.. to ..... 19.. that I last saw h..... alive on ..... 19.., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute hemorrhage of 4th intercostal artery rigors

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (SECONDARY)

Trauma of rt chest (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Coroners Inquest.

(Signed) Walter E. Gitman, M.D.

3/12, 1929 (Address) Coroner of Jefferson Co.

*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
Herculaneum Mo	2/14/ 1929
20. UNDERTAKER	**ADDRESS**
Duester + Vinyard	Festus Mo