

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

Do not use this space

7652

**1. PLACE OF DEATH**

County Randolph Registration District No. 173  
 Township 2 S 12 E 2 Primary Registration District No. 32463  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Jennie Olivia Kelley  
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 William Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 2 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Keeper  
 (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) Randolph Co. Mo

10. NAME OF FATHER John Will Gray

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

12. MAIDEN NAME OF MOTHER Brad Terrell

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

14. INFORMANT W. M. Kelley  
 (Address) Clepton Hill, R.D. 2.

15. FILED 2-13-1929 J. D. McAdam REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1929

17. I HEREBY CERTIFY, That I attended deceased from 15th Sept, 1929, to Feb 8, 1929, that I last saw her alive on Feb 8, 1929, and that death occurred, on the date stated above, at 5 1/2 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131 Chronic Nephritis  
95B

129 (A) (duration) yrs. mos. ds.

CONTRIBUTORY Cardiac Fibrillation (SECONDARY) (duration) yrs. mos. ds. 6

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Large amt albumen  
 (Signed) J. D. McAdam, M. D.

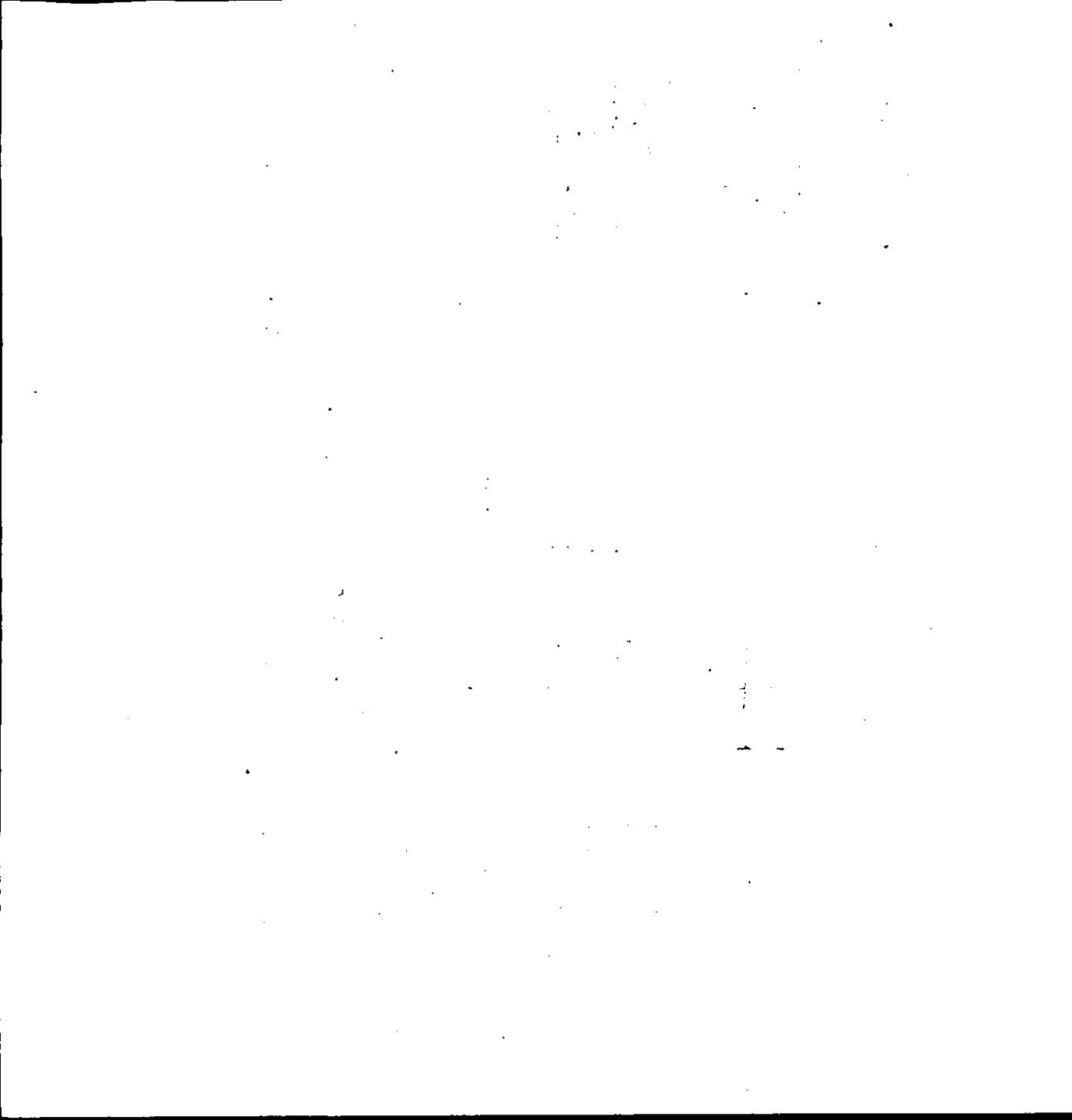
2-13-1929 (Address) Prairie Hill Mo

\*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

Hope Hill Cemetery Feb 13 1929

20. UNDERTAKER ADDRESS Andrew Miron Waverhill Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

Country Randolph Registration District No. 731 File No. ....  
 Township Clyton Primary Registration District No. 3763 Registered No. 4  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Jennie Olivia Kelley  
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
60 2 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Keeper  
 (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) Randolph Co. Mo

10. NAME OF FATHER John Will Gray

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

12. MAIDEN NAME OF MOTHER Paula Sewell

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

14. INFORMANT W. M. Kelley (Address) Clyton Hill, R. F. D.

15. FILED 3/7 1929 A. Bradsher REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1929

17. I HEREBY CERTIFY That I attended deceased from 15 Sept 1928 to Feb 8 1929 that I last saw him alive on Feb 8 1929 and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic Nephritis

CONTRIBUTORY (SECONDARY) Cardiac Fibrillation (duration) .... yrs. .... mos. .... ds.  
6

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Large amt. albumen

(Signed) J. D. McAdams, M. D. (Address) Prairie Hill 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 Hope Well Cemetery DATE OF BURIAL Feb 13 1929

20. UNDERTAKER Andrew Minor ADDRESS Huntsville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-7652