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

Do not use this space.

20460

File No. .....

Registered No. 28

Registration District No. 8 5 2

Primary Registration District No. 5 5 7 8

1. PLACE OF DEATH County Sullivan

Township Polk

City Milan (No. ..... St. ..... Ward)

2. FULL NAME Martha 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 73 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) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beverly Kelley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert Ross.

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

12. MAIDEN NAME OF MOTHER Martha Pierce

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

14. INFORMANT Mrs. Arthur Caldwell.
(Address) Milan, Mo.

15. FILED 5/9, 1929 Bertha McClary
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to May 7, 1929, that I last saw h.e. alive on May 7, 1929, and that death occurred, on the date stated above, at 8:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9 3 C
9 7 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry A. Shake M.D.
May 8, 1929 (Address) Milan, Missouri

*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 Shatto Cem. near Milan — DATE OF BURIAL May 9 1929

20. UNDERTAKER Bowman & Dodson Co. C. A. Schoene — ADDRESS Milan Mo.

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.

WRITE PLAINLY, WITH INKS AND PENCILS NOT FADING.