

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

Do not use this space.

25861

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **7033**
St..... Ward.....

2. FULL NAME

(a) Residence No. **9** St., **9** Ward. **Grant City Ill.**
(Usual place of abode)

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 **Male** 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 **Glorence Kelly**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **About 1900**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
About 29		Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Bridgeman**
(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) **Wisconsin**

10. NAME OF FATHER **Edward Kelly**

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

12. MAIDEN NAME OF MOTHER **Jane Fagan**

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

14. INFORMANT (Address) **James Kelly 7318 State St. Grant City, Mo.**

15. FILED **1929** REGISTRAR **W. E. Starnes**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **found floating July 2, 1929**
17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at....., 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation due to drowning caused by a tower which was fastened onto bridge falling into River

CONTRIBUTORY (SECONDARY) **Accidents**
(duration)..... yrs. mos. da.

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) **J. W. Kenner, M.D.**
7/3, 1929 (Address) **Def. Comm.**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **NORTH MAUKAUNA, WISC** DATE OF BURIAL **7/3 1929**

20. UNDERTAKER **H. P. Stock and Co** ADDRESS **2417 E. Grand**

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.

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