

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

Do not use this space.

25907

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1009**  
City St. Louis Mo. (No. ...., St. .... Ward)

File No. ....  
Registered No. **7084**  
St. .... Ward

**2. FULL NAME** Jewell J. Kelley.

(a) Residence. No. 6024 Shulte Ave. St. 7 Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eve Kelley.</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2/16/1876.</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.	
	<u>53</u>	<u>4</u>	<u>17</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Merchant.</u>					
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired.</u>					
(c) Name of employer <u>Soft drink parlor</u>					
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis Mo.</u> (STATE OR COUNTRY) <u>John Charles Kelley.</u>					
PARENTS	10. NAME OF FATHER <u>John Charles Kelley.</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan.</u>				
	12. MAIDEN NAME OF MOTHER <u>Mary A. Stoeck.</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
14. INFORMANT. <u>Mrs Eva Kelley</u> (Address) <u>6024 Shulte Ave.</u>					
15. FILED. <u>1911</u> <u>Mar C. Stanley</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/5/29 1929  
17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1927, to July 3 1929 that I last saw him alive on July 3 1929, and that death occurred, on the date stated above, at 6-30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
cirrhosis of liver  
non alcoholic  
12/16/15  
1911 (duration) 2 yrs. 6 mos. ds.  
CONTRIBUTORY chronic Nephritis  
(SECONDARY) (duration) 6 mos. ds.

18. WHEN WAS DISEASE CONTRACTED? 12/16/15  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no. DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Joseph Gill M. D.  
July 5, 1929 (Address) 3636 Weber

\*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 <u>Valerius Cemetery</u>	DATE OF BURIAL <u>7/7/29</u> 19 <u>29</u>
20. UNDERTAKER <u>Provost and Co</u>	ADDRESS <u>3710 N. Grand</u>

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.

Dr. Gill  
3636  
12-10

