

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

Do not use this space.

26759

1. PLACE OF DEATH

County Sullivan
Township Rolla
City Milan (No.)

Registration District No. 852
Primary Registration District No. 4518

File No.
Registered No. 38
St. Ward

2. FULL NAME

Wilburn S. 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 67 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Male White Widowed

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

Belle Kelley

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

April 4, 1862

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

67 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fruit Tree Salesman
(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)

Sullivan Co. Missouri

10. NAME OF FATHER

John Kelley

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

Greene Co., Kentucky

12. MAIDEN NAME OF MOTHER

Elena Fraher

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

Greene Co., Kentucky

14. INFORMANT (Address)

Mrs. George Pickett, Milan, Mo

15. FILED

7-25-29 Beatha McClary REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 19 29

17. I HEREBY CERTIFY that I attended deceased from April 15, 1929, to July 23, 1929 that I last saw him alive on July 23, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH, WAS AS FOLLOWS:

Acute Anemia

CONTRIBUTORY (SECONDARY) Yes (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Lucy A. Quak M. D.

(Address) Milan, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oakwood Cem. Milan July 25 19 29

20. UNDERTAKER

ADDRESS

C. A. Schoene 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.

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Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The

applies to each and every person, irrespec-
For many occupations a single word or a first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotor*, *Civil Engineer*, *Stationary Fireman*, etc. In many cases, especially in industrial employments necessary to know (a) the kind of work (b) the nature of the business or industry. Where an additional line is provided for the statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Sales-Trocery*, (a) *Foreman*, (b) *Automobile factory*, material worked on may form part of the statement. Never return "Laborer," "Foremanager," "Dealer," etc., without more specification, as *Day laborer*, *Farm laborer*, *Coal mine*, etc. Women at home, who are confined to the duties of the household only (not paid employees who receive a definite salary), may be reported as *Housewife*, *Housework* or *At home*, and not gainfully employed, as *At school* or *At work* should be taken to report specifically occupations of persons engaged in domestic service, as *Servant*, *Cook*, *Housemaid*, etc. If occupation has been changed or given up on the day of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation, write *None*.

Statement of Cause of Death.—Name, first, of the DISEASE CAUSING DEATH (the primary affection, not to time and causation), using always the accepted term for the same disease. Examples: *Influenza* (the only definite synonym is *Influenza*); *Cerebrospinal meningitis* (the only definite synonym is *Cerebrospinal meningitis*); *Diphtheria* (the only definite synonym is *Diphtheria*); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*, *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENT
BY PHYSICIAN.