

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

Do not use this space.

28446
70

1. PLACE OF DEATH

County Newton *Law*

Registration District No. 609

Township

Primary Registration District No. 4363

City Neosho

(No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

ORPHA E. KELLY

(a) Residence. No. 214 N JEFFERSON St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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)

Widow

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

JACK KELLY

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

MAY 20 1860

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

69

2

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(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

George B. Poster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Ann Pearce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT

(Address)

Mrs. Ella Hinkle
Neosho, Mo

15.

FILED

9/6 1929

C. B. Maulsby
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929 to Aug 19, 1929 that I last saw him alive on Aug 15, 1929, and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
RT. Side

82 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

74001

(duration) yrs. mos. ds.

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?

(Signed) R. J. Johnson M. D.

8/20, 1929 (Address) Neosho 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

L.O.O.F. Cemetery

8/20 1929

20. UNDERTAKER

ADDRESS

Dughan's

Neosho

73
26
1929
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.

