

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

Do not use this space.

1020

**1. PLACE OF DEATH**

County Jackson Registration District No. 15  
Township Kew Primary Registration District No. 15  
City Kansas City (No. Research Hospital)

File No. 5  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lemuel Edgar Kelley

(a) Residence. No. 1816 Houston St. 15 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 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 Josephine Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 4 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Elevator operator  
(b) General nature of industry, business, or establishment in which employed (or employer). at President Hotel  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Solomon Kelley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Caroline Swallow

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

14. INFORMANT Wallace O. Kelley  
(Address) 6000 High Drive

15. FILED Jan 1, 1930 M. M. Brown REGISTRAR  
Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from December 16th, 1929, to January 1st, 1930, that I last saw him alive on January 1st, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia Right Lobar  
Retraction

CONTRIBUTORY (SECONDARY) Prostatectomy (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Sclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? Posterior Sclerosis whose  
IF NOT AT PLACE OF DEATH Pneumonia at Hospital  
DID AN OPERATION PRECEDE DEATH? Yes DATE December 24th  
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS above - Sect. on autopsy  
(Signed) Robert Hoffman M. D.  
807 W. 11th (Address)

\*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 Widener, Ohio DATE OF BURIAL 1-2 1930

20. UNDERTAKER Shurt & McClure ADDRESS 3235 Hillham Plaza

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.

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Dr. R. Lee Hoffman  
807 Waldheim Bldg.

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Name: Samuel Edgar Kelley  
Who died at: Kansas City, Mo. on Jan 1, 1930  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Right Lobar Pneumonia

Retention of Urine due to Prostatic Hypertrophy with Obstruction

Contributory: Prostatectomy - Coronary Sclerosis

Where was disease contracted? \_\_\_\_\_

Did operation precede death? yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: R. Hoffmann

Address of physician: 1019 Professional Bldg KCMo

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