MAR 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4073
Township — Primary Registration District No. 1001 — Registered No. 150
City St Joseph (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Anna M. Kelley
(a) Residence. No. 233 E Nebraska St., 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gus Kelley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1904
7. AGE Years 25 Months 6 Days 18 If LESS than 1 day, ___ hrs. or ___ min.
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) Buchanan (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Ed Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Addie France
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co (STATE OR COUNTRY) Mo.

14. INFORMANT Gus Kelley (Address) 233 E Neb.
15. FILED FEB 4 1930 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1st 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1930, to Feb 1, 1930 that I last saw her alive on Jan 31, 1930, and that death occurred, on the date stated above, at 5 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
1019
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) 1002
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H Anson, M. D
2/2, 1930 (Address) St Joseph 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 King Hill Ann — DATE OF BURIAL Feb 4, 1930
20. UNDERTAKER Ramsey Funeral Service — ADDRESS 9th & Olive

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.