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: Greene
Township: ~~Boxes~~
City: Ash Grove (No. ..... St. ..... Ward)
Registration District No. 316
Primary Registration District No. 4191
File No. 4623
Registered No. 7

2. FULL NAME: Francis Marion Kelley
(a) Residence. No. Ash Grove St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ~~90~~ yrs. ~~10~~ mos. ~~12~~ 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): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Francis Marion Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 22-1839

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	10	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Carpenter
(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): Kentucky

PARENTS
10. NAME OF FATHER: John Kelley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Elisabeth Forth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Indiana

14. INFORMANT: L. C. Kelley
(Address): Ash Grove

15. FILED 3-5 1930 Dr Charles H Orr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 4 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1928, to Feb 4, 1930 that I last saw him alive on Feb 3, 1930, and that death occurred, on the date stated above, at 2 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Senility
162
164
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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? Clinical
(Signed) Dr Charles H Orr (Orr), M. D
2-5-1930 (Address) Ash Grove, 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: Ash Grove
DATE OF BURIAL: 2/5 1930

20. UNDERTAKER: Trogdon-Morris Seminary
ADDRESS: Ash Grove Mo

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.