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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 6468

Township ..... Primary Registration District No. ..... Registered No. 1278

City St. Louis (No. 5351 Delmar St. ..... Ward)

2. FULL NAME Mrs Mary E. Kelso

(a) Residence. No. 5351 Delmar St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Sylvester Kelso

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	90	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired (Housewife)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER A. West

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

12. MAIDEN NAME OF MOTHER Abagain Crouch

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

14. INFORMANT Wilmoth Waller
(Address) 5350 Delmar Blvd

15. FILED ..... 19 ..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Feb 6, 1930 that I last saw her alive on Feb 5, 1930, and that death occurred, on the date stated above, at 9:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
181 A
194 E
93 C (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Fracture of femur (due to fall) to floor (duration) yrs. mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED Accident
IF NOT AT PLACE OF DEATH 185
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex only
(Signed) Solon Cameron, M. D.
Feb 6, 1930 (Address) Metropolitan Bldg

*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 Joplin Mo DATE OF BURIAL 2/6/30 19

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Del

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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