

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

Do not use this space.

~~7545~~ 7446

1. PLACE OF DEATH

County Taney Registration District No. 859
 Township Oliver Primary Registration District No. 6130
 City X (No. _____) St. _____ Ward _____

2. FULL NAME

Ottie Kellest
 (a) Residence No. X St. X Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-1903
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
27 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) X
 (c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ark
 10. NAME OF FATHER Janis Kellest
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.
 12. MAIDEN NAME OF MOTHER Nancy Kellest
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.

14. INFORMANT Janis Head (Address) Taney
 15. FILED 2/10, 19. 30 Pa Thornhill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9-30
 17. I HEREBY CERTIFY, That I attended deceased from X 19. X, to X 19. X, and that I last saw her alive on Monday Jan 29, 19. 30, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

natural causes
Has never been normal, some
day she was Epileptic
life time (duration) yrs. mos. ds.
 CONTRIBUTORY Complication of disease (SECONDARY)
life time (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH X
 DID AN OPERATION PRECEDE DEATH? no DATE OF X
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? View of body
 (Signed) Spis Richmond M. D.
 19 Lawrence Janey Cobles

*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
Enon, Ark 2/10 1930
 20. UNDERTAKER ADDRESS
none

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

20 1930

