MAY 28 1930

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

Do not use this space.

13891

1. PLACE OF DEATH
County St Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 119
City (No. Link rd St. Ward)

2. FULL NAME John J. Kellog.
(a) Residence. No. Route 4 Box 630 L St., 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) |
|---|---|---|
| Male | White | Widowed |

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Christy L. Kellog.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 1846

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 84 | 2 | 15 | |

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

46E
12
9

9. BIRTHPLACE (CITY OR TOWN) Blackrock
(STATE OR COUNTRY) Michigan

PARENTS
10. NAME OF FATHER Don't know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

14. INFORMANT Mrs. A. B. Hodges
(Address) Route 4 Box 630 L.

15. FILED 4/18 1930 Rolla Bray M. D. REGISTRAR

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## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1929, to April 17, 1930 that I last saw him alive on April 16, 1930 and that death occurred, on the date stated above, at 2.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, Chronic.
Myocarditis Chronic.
Cancer of Stomach
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anuria.
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical.
(Signed) Fenton Petersen, M. D.
Apr. 18. 1930 (Address) 1171 Boland.

*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 |
|---|---|
| Valhalla Cemetery | 4-19 1930 |
| 20. UNDERTAKER | ADDRESS |
| Geo. L. Pleitsch | 5966 Easton ave |

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.

...INFORMATION ... THIS IS A PERMANENT RECORD

Dr. [illegible]
1005 Big Bend rd.
2 to 4 pm. & 7 to 8 Cm