

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

Do not use this space.

14588

File No. _____
Registered No. **3951**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **1427**) **Levee St.**

2. FULL NAME **Russia Kelly**

(a) Residence No. **1427 Levee St.** 11 Ward **5**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widowed**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 19th 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. T. Kelly**

17. I HEREBY CERTIFY, That I attended deceased from **12th 1930** to **April 19th 1930**, that I last saw her **alive** on **April 17th 1930**, and that death occurred, on the date stated above, at **8:40 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 6 - 1873**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE
YEARS **57** MONTHS **1** DAYS **13**
IF LESS than 1 day, _____ hrs. or _____ min.

Diabetes Mellitus
59 (duration) _____ yrs. _____ mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) **Diabetic Coma** (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) **Quincy Ill**
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER **John Moore**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? **no**

12. MAIDEN NAME OF MOTHER **Martha Mif**

WHAT TEST CONFIRMED DIAGNOSIS? **as above mentioned**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

(Signed) **P. H. Johnson** M. D.

14. INFORMANT **Mary C Kelly**
(Address) **1427 Levee St**

4/19/30 (Address) **4607 Eastern**

15. FILED **APR 21 1930** **Mary C Kelly** REGISTRAR

*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 **Calvary** **DATE OF BURIAL** **4/22 1930**

20. UNDERTAKER **Arthur Kelly** **ADDRESS** **4524 Eastern**

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

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