

JUN 5 1930

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

Do not use this space.

15869

File No.
Registered No. 292
St. Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2801
City Springfield (No. 2111) Boonville

2. FULL NAME

(a) Residence. No. 2111 Boonville St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 4 | 14

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Martin Kelly

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

12. MAIDEN NAME OF MOTHER Elizabeth Ellis

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

14. INFORMANT Mr. R. M. D. Side
(Address) Springfield Mo.

15. FILED 5-24 1930 Tom Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1929 to May 23 1930 that I last saw alive on 5/27 1930 and that death occurred, on the date stated above, at Boonville Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stroke Dementia
97
162
(duration) yrs. mos. da.
CONTRIBUTING (SECONDARY) Atherosclerosis
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 4
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Cerebral
(Signed) Harvey French, M.D.
5/23 1930 (Address) 450 E. Canal

*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 Humansville Mo DATE OF BURIAL May 25 1930

20. UNDERTAKER J. W. Klingner & Co ADDRESS Springfield Mo.

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.

