

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

Do not use this space.

25356

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. ....  
 Township..... Primary Registration District No. 1003 Registered No. 7589  
 City St. Louis (No. ....) City Hospital St. .... Ward)

**2. FULL NAME**

Howard Kelley  
 (a) Residence. No. E. Alton, Ill. St. 29 Ward. E Alton Ill  
 (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**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) M.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Kelley  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
abt. 26

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Ills.

10. NAME OF FATHER Vernon Kelley  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Ills.  
 12. MAIDEN NAME OF MOTHER Vera Kelmner  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Ills.

14. INFORMANT Theresa Kelley  
 (Address) E. Alton, Ills.

15. FILED 11 29 1930 Wm C. Vandy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1930  
 17. I HEREBY CERTIFY, That I attended deceased from No physician in attendance  
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 155 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

191 Isolation  
 (duration) yrs. mos. ds.  
 CONTRIBUTOR (SECONDARY) 194  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) John Hurley M.D.  
 7/29/30 (Address) Deputy Coroner

\*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 Jerseyville Ill DATE OF BURIAL 7-30 1930

20. UNDERTAKER Subser ADDRESS Jerseyville Ill

