

SEP 25 1930

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

Do not use this space.

27199

1. PLACE OF DEATH

County Laushey
Township Mt Vernon
City (No.) (No.)

Registration District No. 470
Primary Registration District No. 5653

File No.
Registered No. 30
St. Ward

2. FULL NAME

(a) Residence. No. M. Kell, Min. Bennie M. Kell
(Usual place of abode) State San. Dist. Vernon Ward.

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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel J. Kell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16th 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 4 5

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

9. BIRTHPLACE (CITY OR TOWN) Rochester Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Benj. F. Kell

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

12. MAIDEN NAME OF MOTHER Clara Bruce

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

14. INFORMANT Mo. S. Records
(Address) 1014 W. DuPont

FILED, Sept 9 30 1930 W. DuPont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 10:29, 1929, to 4:31, 1930.
that I last saw him alive on 8:31, 1929, and that death occurred, on the date stated above, at 10:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pul. Tuberculosis
23A
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 51
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical observation
(Signed) Edw. P. Buell, M. D.

1/2 1930 (Address) Mt. Vernon, Mo.

*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 Sanatorium Cemetery DATE OF BURIAL 9/3 1930

20. UNDERTAKER Geo B Orr ADDRESS Mt Vernon 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.

