

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

Do not use this space.

FEB 18 1930

1. PLACE OF DEATH

County Green
Township Walnut Grove
City (No.) (No.) (No.)

Registration District No. 325 -
Primary Registration District No. 5450

File No. 39151-1
Registered No.
Ward)

2. FULL NAME

(a) Residence. No. St., Ward.
(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. (If nonresident, give city or town and State)

Matilda Allen Kelley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Kelley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 11 - 1853</u>		
7. AGE YEARS <u>77</u>	MONTHS	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind 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).....

(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER <u>William Allen</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Tenn.</u>
12. MAIDEN NAME OF MOTHER <u>Mary Barrett</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Tenn.</u>

14. INFORMANT John W. Kelley
(Address)

15. FILED 12-14, 1930 J. M. Cleary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-12-1930 to 12-15-1930, 1930 that I last saw h. alive on 12-12, 1930, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Protein Intoxication

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Cleary, M. D.

12-14, 1930 (Address) Walnut Grove

*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

Turkey Creek

12-15 1930

20. UNDERTAKER

ADDRESS

J. A. Brim & Sons

Walnut Grove

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

39151-1

MARGIN RESERVED FOR BINDING

