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

Do not use this space.

11468

File No. 118

Registered No.

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks, Mo., U.S. VETERANS HOSPITAL St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME William F. Kelly

(a) Residence, No. 4640 Carrie Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unyrs. kn mos. own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

APR 7 1931

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 Mrs. Margaret Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	65	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Providence, R.I. ?

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable / Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable / Unavailable

17. INFORMANT C. H. SMITH, M.D., Clinical Director
(ADDRESS) USV. Hosp. Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/30 1931

19. UNDERTAKER Stroot & Carroll Undtk. Co.,
(ADDRESS) St. Louis, Mo.

20. FILED 3-27 1931 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to March 26, 1931

I last saw him alive on March 26, 1931. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, both lobes, left side.	Unk.

Other contributory causes of importance:

None.

Name of operation -- Date of operation --

What test confirmed diagnosis? Physical, x-ray and laboratory findings. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) U. C. GIBSON, M.D., Medical Officer in Charge, M.D.

(Address) USV. HOSP. Jefferson Brks., 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.