

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

Do not use this space.

20944
178

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Townshp _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Infant Kelsey
 (a) Residence. No. 1607 E Miller 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/27-31

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>4</u> hrs. or <u>45</u> min.
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8. OCCUPATION OF DECEASED
 (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) Jefferson City, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo Kelsey

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

12. MAIDEN NAME OF MOTHER Mrs. Deering

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

14. INFORMANT Geo Kelsey
 (Address) 1607 E Miller

15. FILED 7-6-31 1931 J. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1931

17. I HEREBY CERTIFY, That I attended deceased from June 27 to June 27, 1931, that I last saw him alive on June 27, 1931, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth at sixth month of pregnancy
Entered about one half hour
15-9 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 157
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) H. D. Taylor M. D.
2/29, 1931 (Address) Jefferson City 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 Union Hill DATE OF BURIAL 6/28 31

20. UNDERTAKER Dawson Tanner ADDRESS JC Mo

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

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.

JUL 23 1931

