

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

Do not use this space. *113v*

**26627**

*791  
1003*

**1. PLACE OF DEATH**  
 County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City City Hospital (No. St. Louis, Mo. City Hosp #1) St. St. Louis Co. Mo (Registered No. 7781)  
 Ward.....

**2. FULL NAME** Anna Kelly  
 (a) Residence. No. 9632 So. Broadway St. 23 Ward St. Louis Co. Mo  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female

**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** Thomas J. Kelly

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** July 5, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>Thirty</u>	<u>None</u>	<u>Seven</u>	<u>Seven</u>	

**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). Housework  
 (c) Name of employer

**15. DATE OF DEATH (MONTH, DAY AND YEAR)** July 13 1931

**17. I HEREBY CERTIFY, That I attended deceased from**....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....  
*8:35 A.M.*

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
Shock & injuries  
hemorrhage following  
fracture of sternum  
riding on auto, that  
was struck by another  
auto, in St. Louis Co.,  
Missouri.

**CONTRIBUTORY (SECONDARY)** Accident

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Monterey California

**10. NAME OF FATHER** Fred Browman

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

**12. MAIDEN NAME OF MOTHER** Margaret Morrissey

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

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**DID AN OPERATION PRECEDE DEATH?**.....  
**DATE OF**.....  
**WAS THERE AN AUTOPSY?** yes  
**WHAT TEST CONFIRMED DIAGNOSIS**  
 (Signed) J. W. Kernor M.D.  
 (Address) 713. 1931 294. Corn

\*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.

**14. INFORMANT** Thomas J. Kelly  
 (Address) 9632 So. Broadway

**15. FILED** JUL 13 1931  
W. C. Standley  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Sunset Burial

**20. UNDERTAKER** Southern

**DATE OF BURIAL** 7/15 1931

**ADDRESS** 6520 S. Grand Bl

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.

