

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.

DEC 21 1931

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

Do not use this space.

36802

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jimmie Paul Kellis
(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1930</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>7</u>
		<u>10</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>refers</u>		11. Total time (years) spent in this occupation _____
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) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett Missouri

13. NAME Abbie Kellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett Missouri

15. MAIDEN NAME Virna Fink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

17. INFORMANT (ADDRESS) Abbie Kellis Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Playbill DATE 11/16 1931

19. UNDERTAKER (ADDRESS) W. M. West Monett Mo

20. FILED 11-16- 1931 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1931

22. I HEREBY CERTIFY that I attended deceased from _____ to _____
I last saw him alive on Nov 14 1931. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:
Septhemia
115A / J
Date of onset Nov 7, 1931

Name of operation _____ Date of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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? no
If so, specify _____
(Signed) W. M. West M. D.
(Address) Monett, Mo

