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.

JAN 20 1932

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

Do not use this space.

~~40348~~ 40438

1. PLACE OF DEATH
County Clay. Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Spgs. (No. ..... , ... St. ..... Ward)

File No. .....
Registered No. 160

2. FULL NAME Sally Kelmel
(a) Residence, No. 614 Park St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1844

7. AGE YEARS 87 MONTHS 8 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Ray Ville Mo. Ray Co

FATHER
13. NAME Joseph Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Sullina Holman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Dove Kelmel Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery Ray Co. DATE 12-30 1931

19. UNDERTAKER (ADDRESS) John C Prather Excelsior Spgs Mo

20. FILED Dec 30 1931 J. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1931, to Dec 29 1931
I last saw her alive on Dec 29 1931. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
82 A	

Other contributory causes of importance: 82 A

Name of operation — Date of —
What test confirmed diagnosis? Loss of motion 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? no
If so, specify —
(Signed) O C O'Neil, M. D.
(Address) Ex Spring Mo