

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.

200
454 P. W.

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

Do not use this space.

40653

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 865
City Springfield, Mo. 704 E. Walnut St. _____ Ward _____

2. FULL NAME

Margueritte F. Kelly
(a) Residence, No. 704 E. Walnut St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30 1845</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>7</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home mother</u>			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Strathroy Canada</u>			
	13. NAME <u>Nathin Frank Kelly</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>			
	15. MAIDEN NAME <u>Sarah Margaret Frank</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>				
17. INFORMANT <u>H. S. Jewell</u> (ADDRESS) <u>Springfield, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carrollton Mo.</u> DATE <u>Dec 14</u> 19 <u>31</u>				
19. UNDERTAKER <u>Fred C. Thieme</u> (ADDRESS) <u>Springfield, Mo.</u>				
20. FILED <u>12-13</u> 19 <u>31</u> <u>H. S. Jewell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1931

22. I HEREBY CERTIFY That I attended deceased from Nov 29th 1931, to Dec 12th 1931.
I last saw h. alive on Dec 8th 1931. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:
The infirmities of Age
Date of onset _____

Other contributory causes of importance: 162 162

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Agent, 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) Alvin Otto Snodgrass C. S. M. D.
(Address) Springfield, Mo.

