

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph (No. 1424 Ashland Avenue,

Registration District No. 85  
Primary Registration District No. 1001

File No. 3776  
Registered No. 126  
St. .... Ward)

**2. FULL NAME**

Lucretia E. Kelly,

(a) Residence, No. 1424 Ashland Ave. St., ..... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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 John H. Kelly,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1839,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
92 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

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) Danville, 2  
Kentucky,

FATHER 13. NAME George W. Smith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wythville, 0  
Kentucky-

MOTHER 15. MAIDEN NAME Martha Pigg,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,  
Kentucky.

17. INFORMANT (ADDRESS) Mrs. Marie Maxwell  
1424 Ashland Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Feb. 10, 1932

19. UNDERTAKER (ADDRESS) Hester B. Galt & Son,  
319 S. 10th St. ~~Funeral Home~~

20. FILED 2-9-32, 19 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25/32, 19, to Feb 8, 1932  
Last saw her alive on Feb 6/32, 19. Death is said

to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
82 1/2  
100  
senility  
Date of onset 1/25/32

Other contributory causes of importance: senility

Name of operation none Date of.....  
What test confirmed diagnosis?..... 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) J. F. Owens, M. D.  
(Address) Bullinger Bldg.

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.

MAR 21 1932

