

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.

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

Do not use this space.

4628

481

1. PLACE OF DEATH **Veterans' Administration Hospital.**

County **Jackson**

Registration District No.

File No.

Township **Kaw.**

Primary Registration District No.

Registered No.

City **Kansas City, Mo.**

(No. **2**)

Veterans Hospital

St.

Ward)

2. FULL NAME **KELLEY, Robert Arthur**

C-None SPEW.

(a) Residence, No. **North Kansas City,**

St.

Ward **Pvt. Co L 34th Mich. Inf.**

(Usual place of abode)

Missouri.

Route 5

(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

Male

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

Unknown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 25, 1878**

7. AGE

YEARS

53

MONTHS

1

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

New York.

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Highland Park** DATE **Feb. 9, 1932**

19. UNDERTAKER (ADDRESS)

**Freeman Mortuary
Kansas City, Mo.**

20. FILED

1932 M. M. Crone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 6, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 22, 1932** to **Feb. 6, 1932**

I last saw him alive on **Feb 6, 1932** Death is said

to have occurred on the date stated above, at **12:45 A.M.**

The principal cause of death and related causes of importance were as follows:

**Tuberculosis, pul. chr. far adv.
active C bilateral**

Date of onset

5 yrs.

Other contributory causes of importance:

Intestinal Tuberculosis Unknown

Name of operation **None** Date of

What test confirmed diagnosis **Clinical X-ray and lab.** Was there an autopsy? **Yes**

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) **W. E. Chambers**, M. D.

**W. E. CHAMBERS, Med. Officer in Charge
Ket. Administration Hospital
Kansas City, Missouri.**

