

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

Do not use this space.

5586

1. PLACE OF DEATH

13 County Norton Registration District No. 615
Township Marion Primary Registration District No. 5817
City Diamond, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Melvina Adaline Kelley
(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 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 Daniel Long Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18th 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
93. 8 5-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Niles Ohio 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William B. Root

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amelia Franklin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Niles Ohio
(STATE OR COUNTRY)

14. INFORMANT Harry O. Buchanan
(Address) Diamond Missouri

15. FILED 2-23, 1932 U. S. Chapman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 23rd 1932

17. I HEREBY CERTIFY, That I attended deceased from February 20, 1932, to February 23rd 1932, that I last saw her alive on February 20th 1932, and that death occurred, on the date stated above, at 4-45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) U. S. Chapman, M. D.

2-23, 1932 (Address) Diamond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Diamond Cemetery Feb 24th 1932

20. UNDERTAKER ADDRESS

Richman and Co. Neosho Mo.

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 24 1932

