

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

Do not use this space.

8182

1. PLACE OF DEATH

#1 County Harrison
Township Lincoln
City..... (No.)

Registration District No. 346
Primary Registration District No. 5484

File No.
Registered No. 2
St. Ward)

2. FULL NAME

Mrs Susanah Kelly

(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 W.S. Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	87	7	1	

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

13. NAME William Humphrey

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

15. MAIDEN NAME Polly Rhety

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

17. INFORMANT (ADDRESS) W.C. Humphrey

18. BURIAL, CREMATION OR REMOVAL PLACE Lincoln Cem DATE 3-24 1922

19. UNDERTAKER (ADDRESS) T. Rhodes

20. FILED Mar 25, 1932 Chas. Adair Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

no attending physician Date of onset

Other contributory causes of importance:
93D

Name of operation No Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify W.C. Humphrey
(Address) Halfield mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

7. PLACE OF DEATH

County Johnson
Township Lincoln
City (No. _____) _____ St. _____ Ward _____

Registration District No. 346
Primary Registration District No. 3484

File No. _____
Registered No. 2

FULL NAME Mrs. Susannah Kelly

(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

EX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

NAME _____

BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER'S NAME _____

6. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FORMANT (ADDRESS) _____

7. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19 _____

8. UNDERTAKER (ADDRESS) _____

20. FILED May 2 1932

Chas. Adair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1932

I HEREBY CERTIFY, That I attended deceased from No. physician was in attendance

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance: _____

Heart failure due to myocardial disease.

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:

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? _____

If so, specify _____

(Signature) Dr. D. S. Higgins, M. D.
(Address) Deputy State Commissioner of Health

SUPPLEMENTARY

Jefferson City, Mo.

Sirs---

I have investigated the death of Mrs Susannah Kelly, Lincoln Twsh, Harrison County, Mo and find the following facts----- that she was 87 years of age, that she had suffered at times from atemporary circulatory disturbance, that of numbness in extremities and tongue. This condition would last for a day or two and then would appear later. This leads me to base my opinion that this elderly lady died from ~~some~~ of the diseases affecting the valves of the heart. I do not know but I presume she had a general myocarditis. If this explanation is not sufficient you might start an investigation.

Yours Resp

G. Reid
G. Reid