

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.

APR 28 1932

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

Do not use this space.

9663

2

File No. _____

Registered No. _____

1. PLACE OF DEATH

County PulaskiRegistration District No. 714Township PineyPrimary Registration District No. 5943

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Bease Kelley

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

Jan 7 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

35216

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.

general farming

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

March 1932

11. Total time (years) spent in this occupation

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

Idaho

FATHER MOTHER

13. NAME

I. B. Williams

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

Mo.

15. MAIDEN NAME

Cora O'Hornhill

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

Mo.

17. INFORMANT (ADDRESS)

A. B. Firestone

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friendship Cem. DATE 3/19/32

19. UNDERTAKER (ADDRESS)

J. L. Hooper, Son

20. FILED

81932S. Koonce

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 193222. I HEREBY CERTIFY That I attended deceased from Feb. 29, 1932, to Mar. 18, 1932I last saw him alive on Mar. 18, 1932 Death is saidto have occurred on the date stated above, at 3:05 P.M.

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

Pneumonia bronchial Date of onset Mar. 8158118101Other contributory causes of importance: ShinglesErysipelas face & throat Date of onset Feb. 27Name of operation none Date of 0What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1932Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? noIf so, specify 0(Signed) C. Mallitt, M. D.(Address) Crocker, Mo.

JUL 15 1942