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.

MAY 23 1932

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

Do not use this space.

11643

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 320

City St. Joseph. (No. 516 Birch St. St. Ward)

2. FULL NAME Henrietta Sanford Kelly

(a) Residence, No. 516 Birch St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 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: Thomas Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 12, 1843

7. AGE: YEARS 88 — MONTHS 6 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Lake Co, Ohio. 2

FATHER

13. NAME: William Corlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Isle of Man. 1

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

17. INFORMANT (ADDRESS): Harry W. Kelly 516 Birch St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Apr, 4, 1932, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED APR 4 1932 John R Bender 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 1, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1932, to Mar 31, 1932

I last saw her alive on Mar 31, 1932. Death is said to have occurred on the date stated above, at 1.00 A.M.

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

	Date of onset
Broncho-pneum.	Unk
186A	
194B	
936	
1860	

Other contributory causes of importance:

Chr. myocarditis	
Fracture rt arm (fall)	14
Shock	

Name of operation None Date of

What test confirmed diagnosis? Clin 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. Fall in home - from chair

Manner of injury Fell trickling rt shoulder

Nature of injury Fracture rt arm.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank J Hardegan, M. D.

(Address) Kirkpatrick Bldg, St. Joseph, Mo.