

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

Do not use this space.

18006

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 1012
 City St. Louis, Mo. (No. Marion Name _____) St. _____ Ward _____

File No. _____
 Registered No. 4975

2. FULL NAME

John Wesley Kelso
 (a) Residence, No. 5351 Delucan St., 12 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. - 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Miss Lois Kelso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 2 7

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Phineas Kelso

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

15. MAIDEN NAME Mattha Rabb

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

17. INFORMANT William H. Valley (ADDRESS) 5351 Delucan, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 5/24 1932

19. UNDERTAKER (ADDRESS) Louis H. V. Corp
Kirkwood, Mo.

20. FILED 2 MAY 1932 W. C. Standley Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1930, to May 22 1932
 I last saw him alive on May 21 1932 Death is said to have occurred on the date stated above, at 5:10 A.M.

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

Chronic myocarditis Date of onset 1 yr.
930
1060 930
 Other contributory causes of importance: Bronchitis, Chronic 2 yrs.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Ex. 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.

Manner of injury _____
 Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Palon Cameron M. D.
 (Address) Metropolitan Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

