

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

Do not use this space.

1. PLACE OF DEATH

41 County Harrison
Township Madison
City _____

Registration District No. 336
Primary Registration District No. 5471

File No. 19291
Registered No. _____
St. _____ Ward)

2. FULL NAME

Mary 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-21-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY) _____

10. NAME OF FATHER John Sinis

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

12. MAIDEN NAME OF MOTHER Olara

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yuk.
(STATE OR COUNTRY) _____

14. INFORMANT Audy Weddle
(Address) Cainsville Mo

15. FILED 8/9 1932 E E Odew
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30-1932

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to June 30, 1932, that I last saw him alive on 6-27, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. T. Kelly, M. D.
, 19 (Address) Cainsville 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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Goar Cem. DATE OF BURIAL 7-1 1932

23. UNDERTAKER G W Estep ADDRESS Cainsville Mo

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.

AUG 24 1932

PARENTS

