

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

Do not use this space.

20128

1. PLACE OF DEATH.

64 County Monroe Registration District No. 577
 1 Township Mason Primary Registration District No. 3029
 8 City Hannibal (No. St Elizabeth Hospital) St. _____ Ward _____

File No. _____
 Registered No. 188

2. FULL NAME

Matty A. Kelly
 (a) Residence No. 1242 Broadway 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Kelly
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Andalusia
 (STATE OR COUNTRY) Ill
 10. NAME OF FATHER John W Reynolds
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill
 12. MAIDEN NAME OF MOTHER Hilda Wilhoiser
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill

14. INFORMANT Mr J. E. Kelly
 (Address) 1242 Broadway Hannibal Mo
 15. FILED 6/30 1932 W. E. Cousins
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1932
 17. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 28 1932
 that I last saw him alive on June 26 1932 and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
5 years (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Nephritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Exu
 (Signed) J. J. Farrell M. D.
 (Address) 630 1/2 St Elizabeth Hos

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Olmest Cemetery DATE OF BURIAL 6/1 1932
 20. UNDERTAKER James O'Donnell ADDRESS Hannibal 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.

JUN 25 1932

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