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.

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

Do not use this space.

21540

1. PLACE OF DEATH

County ——

Township ——

City St Louis (No. ——, 4461 Washington av Ward)

Registration District No. 78

Primary Registration District No. 5

File No.

Registered No. 6108

2. FULL NAME John J. Kelly

(a) Residence, No. 4201 W Evans av Ward 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1893

7. AGE: YEARS 38 | MONTHS 6 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Job Press Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 55

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) St Louis Missouri

FATHER

13. NAME Eugene Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Mary Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Eugene Kelly 4201 W Evans av

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemp DATE July 2 1932

19. UNDERTAKER (ADDRESS) John P. Collins Mfg Inc 92 N. Grand Blvd

20. FILED 7 30 1932 Max C Stanley Registrar 6/30/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician I attended ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1935 m.

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

19

Status Thymicus

Date of onset

Other contributory causes of importance:

67

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 No Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T J Evers, M.D.

(Address) Dept Coroner