

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

Do not use this space.
23828

1. PLACE OF DEATH

91 County Ripley Registration District No. 751 File No. 422
Township Ellenden Primary Registration District No. 5990 Registered No. 45
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Helen E. 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 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 John H. Kelley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 - 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 5 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mayfield 3
(STATE OR COUNTRY) Grades Co - Ky -

FATHER 13. NAME Sires Bradford - 31

14. BIRTHPLACE (CITY OR TOWN) unknown - 31
(STATE OR COUNTRY) unknown -

MOTHER 15. MAIDEN NAME Lizabeth Broadshaw -

16. BIRTHPLACE (CITY OR TOWN) Mayfield - 2
(STATE OR COUNTRY) Grades Co - Ky -

17. INFORMANT Byrd Kelley
(ADDRESS) Suburban Crk

18. BURIAL, CREMATION, OR REMOVAL

PLACE from Mt. Vernon DATE _____ 19____

19. UNDERTAKER Mr. M. Gish
(ADDRESS) Naylor, Mo.

20. FILED 7/22 1932 H. E. Kelley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 17, 1932
I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 8.0 - m.
The principal cause of death and related causes of importance were as follows:

Septic pneumonia Date of onset 7/11
disinfect
120

Other contributory causes of importance: senility ①

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. E. Kelley, M. D.
(Address) Naylor, 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.

57 26 1932

Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

751

#2 2382.8

422

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Walter O. Kelley

Who died at _____
(City) Ripley County (County) July 17, 1937 (Date)

Residence: No. _____
St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 12 Year 1937

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Septic

Septic summer diarrhea no due to irritating foods

Other contributory causes of importance Sensitivity alcohol & tobacco

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.