

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

Do not use this space.

25694

198

File No. _____
Registered No. 112
St. _____ 3rd Ward

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. Veterans Administration Hospital St. _____ 3rd Ward

2. FULL NAME KELLEY, Oral H.
 (a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 2101 Chester, Kansas
 (Usual place of abode) (If non-city, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 16 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 1 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 198

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) Kansas

FATHER 13. NAME M. James Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Emma Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Veterans Hospital records
 (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL Wells City
 PLACE Wells City DATE Aug 29 1932

19. UNDERTAKER Wells City
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 8/30 1932 g. b. Graven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, 19____, to Aug. 28 1932, 19____
 I last saw him alive on Aug. 28 1932, 19____. Death is said to have occurred on the date stated above, at 6:40 am
 The principal cause of death and related causes of importance were as follows:
General paralysis cerebral type Date of onset _____

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? exam. & XRS Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury _____, 19____
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify unknown
 (Signed) [Signature], M. D.
 (Address) Excelsior Springs, Mo.

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

SEP 22 1932

XO

1950

STATE OF TEXAS

COUNTY OF DALLAS

WARRANT

The undersigned, Sheriff of the County of Dallas, State of Texas, do hereby certify that the following is a true and correct copy of the original as the same appears in the files of the Sheriff's Office:

Name of the person: _____
 Address: _____
 City: _____
 State: _____
 Date of birth: _____
 Sex: _____
 Race: _____
 Height: _____
 Weight: _____
 Eyes: _____
 Hair: _____
 Complexion: _____
 Occupation: _____
 Education: _____
 Marital Status: _____
 Date of arrest: _____
 Place of arrest: _____
 Name of arresting officer: _____
 Signature of arresting officer: _____
 Date of warrant: _____
 Name of judge: _____
 Signature of judge: _____
 Date of issuance: _____

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Excelsior Spgs
City Excelsior Spgs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 112
St. Ward)

2. FULL NAME

Oral H. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/6 1932 J.W. Curran Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

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

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE: EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important.
If information should be applied, AGE should be properly classified. Exact statement of OCCUPATION is very important.

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