

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.

SEP 27 1932

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

Do not use this space.

28187

1. PLACE OF DEATH

101 County Shannon
Township Alley
City Alley

Registration District No. 824
Primary Registration District No. 6089

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
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 <u>7</u>	4. COLOR OR RACE <u>A</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Horn Bashaue</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5 - 1893</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>1</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>low 235</u>		
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) <u>Mo 1</u>		
13. NAME <u>John Kelly</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Emma Stratton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Horn Bashaue</u> (ADDRESS) <u>Emma</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>North Country</u> DATE <u>8-13-32</u>		
19. UNDERTAKER <u>none</u> (ADDRESS)		
20. FILED <u>8-13-32</u> 1932 <u>Frank Hyde</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 12 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13 1932, to Aug - 12 - 1932
last saw him alive on June 13 1932. Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset 131
Other contributory causes of importance: 131 (1)

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) Frank Hyde M. D.
(Address) Emma Mo.

