

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

Do not use this space.

28264
52

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

106 County Taney
Township Jasper
City _____ (No. _____)

Registration District No. 1065
Primary Registration District No. 6133

2. FULL NAME

John W. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1922

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1922, to Aug 31, 1922, that I last saw him alive on Aug 27, 1922, and that death occurred, on the date stated above, at 8 4 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
71 71 6 20

acute myocarditis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Arteriosclerosis

9. BIRTHPLACE (CITY OR TOWN) no (STATE OR COUNTRY) 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: no

10. NAME OF FATHER not known

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31 (STATE OR COUNTRY) not known

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. J. Stewart, M. D.

12. MAIDEN NAME OF MOTHER Lucinda Abney

, 19 (Address) Jesse St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Grove DATE OF BURIAL Sept 7 1922

15. FILED Sept 1 32 F. C. Stewart REGISTRAR

20. UNDERTAKER Tom Stearns ADDRESS Quincy Mo

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

SEP 3 7 1922

72-7-22

**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 Laney
Township Jasper
City..... (No.....)

Registration District No. 1065-
Primary Registration District No. 6133

File No.....
Registered No. 52
St..... Ward)

2. FULL NAME

John W. 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 mo 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 21

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Thomas Kelley
Reeds Spring, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton Cemetery DATE Sept 1, 1932

19. UNDERTAKER (ADDRESS) Mrs. Nettie Stults
Reeds Spring, Mo

20. FILED Sept 1, 1932 F. C. Stewart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1932

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

I last saw him..... alive on, 19..... Death is said to have occurred on the day 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).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

N.B.—Information should be caremly supplied. AGE should be stated EXACTLY. PHYSICAL OCCUPATION is very important. Exact statement of OCCUPATION is very important.

S-28264

101