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

Do not use this space.

28809

File No. 216

Registered No.

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: Jefferson City, — Primary Registration District No.: 3014

City: (No. , St. Ward)

2. FULL NAME: Owen Kelsey

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-18-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 237

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): Miller County, Mo

FATHER

13. NAME: Not Known

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

MOTHER

15. MAIDEN NAME: Not Known

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

17. INFORMANT: Mrs. Ada Kelsey
(ADDRESS): Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: River View Com. DATE: Sept-7-1932

19. UNDERTAKER: Thos. G. Gordon
(ADDRESS): Jefferson City Mo

20. FILED: Sep 8, 1932 W. A. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:4 a.m.

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

	Date of onset
Injuries to head	
Shock	
Other contributory causes of importance:	
210 (1)	2 hr

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? Accident Date of injury: ....., 19.....

Where did injury occur? Cole Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Auto truck for Church

Nature of injury: Skull fracture

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

If so, specify

(Signed): Edw. Kraus M.D., M. D.

(Address): Eureka

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 22 1932