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

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.

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

Do not use this space.

29344

File No. 3518

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kan — Primary Registration District No.

City K. C. Mo. (No. Fairmount Hospital St. Ward)

2. FULL NAME Elmer Kelly

(a) Residence, No. 4911 E. 27th St., 14th 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: male

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27-1932

7. AGE: YEARS ✓ MONTHS 1 DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): K. C. Mo. 1

FATHER

13. NAME: Joseph M. Gleason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Margaret Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo.

17. INFORMANT (ADDRESS): Mrs Nannie Lee Lane 4911 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Hill Cem. DATE: Sept. 23, 1932

19. UNDERTAKER (ADDRESS): A. P. Doehler 1415 East 15

20. FILED 9/17 1932 M M Crowe Asst. 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 7-25, 1932, to 9-5, 1932

I last saw h. 1 m alive on 9-5-, 1932. Death is said to have occurred on the date stated above, at 6 P. m.

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

atelectasis

161 A

161 A

Date of onset

Other contributory causes of importance:

(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) Harry S. Lane, M. D.

(Address) 4911 E. 27.