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.

OCT 28 1932

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

Do not use this space.
30198
305

1. PLACE OF DEATH
94 County St Francois — Registration District No. 774 — File No.
6 Township ~~St Francois~~ — Primary Registration District No. ~~[illegible]~~ 4465 — Registered No.
6 City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Paul Eugene Kelly
(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: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1928
7. AGE: YEARS 3 — MONTHS 11 — DAYS 25 — 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) Flat River Mo.

FATHER
13. NAME Emmy Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trace Creek Mo.

MOTHER
15. MAIDEN NAME Fay Spray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo.

17. INFORMANT (ADDRESS) Mrs. Fay Kelly Flat River Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wood Lawn DATE 9-12 1932
19. UNDERTAKER (ADDRESS) Caldwell Bros. Flat River Mo.
20. FILED Sept 30, 1932 W J Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 10, 1932
I last saw him alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
Diphtheria — Date of onset
10 — 10
Other contributory causes of importance: (1)
Name of operation Clinical & Lab Date of
What test confirmed diagnosis? Was there an autopsy? No
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) [signature], M. D.
(Address) Fornylene Mo.