

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

Do not use this space.

38435

34

1. PLACE OF DEATH
 10 County Boone Registration District No. 29
 6 Township Doubson Primary Registration District No. 4047
 3 City Sturgeon (No. _____) St. _____ (Ward _____)

2. FULL NAME Clara Kelly
 (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 Female
 4. COLOR OR RACE colored
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
40 3 26

8. OCCUPATION OF DECEASED House-keeper
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) 2:4
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

10. NAME OF FATHER George Cooper
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) MO
 12. MAIDEN NAME OF MOTHER Dant Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

14. INFORMANT Francis Kelly
 (Address) Sturgeon MO

15. FILED 1/2/1933 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1932
 17. I HEREBY CERTIFY, That I attended deceased from _____
Mo. doctor, 19____, to _____, 19____,
 that I last saw h. _____ alive on _____, 19____, and that
 death occurred, on the date stated above, at 12-40. A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Supposed to be P. B. of Lungs
93A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) [Signature]
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? 8 DATE OF _____

WAS THERE AN AUTOPSY? (7)

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Practical Nurse
L. D. Mandy Kelly
 , 19____ (Address) Sturgeon MO

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sturgeon MO DATE OF BURIAL Jan 2 1933

20. UNDERTAKER Robert L. Carr ADDRESS Mobile MO

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.

JAN 21 1933

PARENTS

