

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

Do not use this space.

8890

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs, Mo. (No. Veterans Hospital)

File No. \_\_\_\_\_  
Registered No. 52  
St. 3rd Ward)

**2. FULL NAME** KELLEY, Harry W.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 505 N. Caldwell, Brookfield  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 2 30

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Frank Kelley

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

15. MAIDEN NAME Mary Cooter

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

17. INFORMANT (ADDRESS) Hospital Records, Veterans Hosp. Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oklahoma City Okla. DATE 4-1-33, 19

19. UNDERTAKER (ADDRESS) John C. Crashe

20. FILED 4-1-33 Y. C. Crashe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, 19, to March 31, 1933, 19

I last saw him alive on March 31, 1933, 19. Death is said to have occurred on the date stated above, at 5:05 pm

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

Chr. pulmonary tuberculosis far advanced

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis exam & obs Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19

Where did injury occur? X  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury \_\_\_\_\_  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify unknown  
(Signed) Garrett V. Johnson, M. D.  
(Address) Excelsior Springs, 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.

APR 24 1933

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