

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

Do not use this space.

10608

1. PLACE OF DEATH

80 County Pettis Registration District No. 670
Township Bowling Green Primary Registration District No. 5893
City Beaman RR #2 (No. Beaman RR #2)

File No.
Registered No. St. Ward)

2. FULL NAME

Pauline Kelsey
(a) Residence, No. Beaman Rte #2 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14, 1921</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>2</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>		
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) <u>Pettis County, Mo.</u>		
13. NAME <u>C. J. Kelsey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County Missouri</u>		
15. MAIDEN NAME <u>Dona Embree</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County</u>		
17. INFORMANT (ADDRESS) <u>C. J. Kelsey Beaman Rte #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagonwell</u> DATE <u>March 12, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Laughlin Bros. Beaman Mo</u>		
20. FILED <u>May 9, 1933</u> <u>Flossie Bergerson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to our visit, 19...
I last saw her alive on Mar 9, 1930 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia, about Date of onset 3-7-33
59
108 59
Other contributory causes of importance:
Strabalis Miltitis, about 1 yr.

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? 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? no
If so, specify
(Signed) Wm. Whelan, M. D.
(Address) Beaman Mo

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. MAY 22 1933

