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

Do not use this space.

11510

File No. 11510
Registered No. 2583

1. PLACE OF DEATH

County ..... Registration District No. 707
Township ..... Primary Registration District No. 7003
City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Wyatt Lafayette Kell

(a) Residence, No. 4324 W Clayton St., 18 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3 - 1871

7. AGE: Years 61 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 1941
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Machinery
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 10

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

FATHER

13. NAME Thomas Kell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Terrel Kell
(ADDRESS) 4324 W. Clayton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montauk Mo DATE Mar. 18 1933

19. UNDERTAKER Jay B. Smith
(ADDRESS) 7456 Manchester Ave.

20. FILED Mar 17 1933 1933 Ray C. Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1933, to 3-16, 1933

I last saw him alive on 3-16, 1933. Death is said to have occurred on the date stated above, at 8 55 a.m.

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

	Date of onset
Lobar pneumonia	2-12-33
auricular fibrillation	3-13-33
Myocarditis, chronic	years
Other contributory causes of importance:	
Cholecystitis acute	3-6-33
Foreign body in stomach	years

Name of operation Exploratory lap. Date of 3-10-33
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) E. W. Mor, M. D.
(Address) BARNES HOSPITAL