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.

MAY 22 1933

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

Do not use this space.

File No. 12891

Registered No. 16

36 4 6

1. PLACE OF DEATH
County Franklin — Registration District No. 2 93
Township — Primary Registration District No. 4177
City Pacific — No. ..... St. ..... Ward)

2. FULL NAME Ollie 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 1 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-1912

7. AGE: Years 21 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carlon Car. Co
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) Missouri

FATHER
13. NAME Henry Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lellia Shelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Henry Kelly (ADDRESS) Valley Mines Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Mines Mo DATE 4/23 1933

19. UNDERTAKER Jno. A. Rhodes & Sons (ADDRESS) Pacific Mo

20. FILED Apr 20 1933 Helen M. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 20 - 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19....., to —, 19.....

I last saw h — alive on ....., 19..... Death is said to have occurred on the date stated above, at about 10 A m.

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

	Date of onset
Accidental Death attempting to jump Frisco train. Both arms cut off. Left leg cut off below knee. Back finally mangled & scalp wounds.	

Other contributory causes of importance: —

Name of operation ..... 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? accident Date of injury ....., 19.....
Where did injury occur? Pacific Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Frisco R.R.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. P. Brennan J.P. ~~M.D.~~
(~~Address~~) Acting Coroner
Pacific, Mo.