

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

Do not use this space.

13012

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5479
 City Springfield (No. 6)
2. FULL NAME James M. Kelso
 (a) Residence, No. Springfield Mo St. R#6 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.

File No.
 Registered No. 337
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>73</u>	<u>1</u>	<u>13</u>	

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

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

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) Springfield Mo

13. NAME John M. Kelso

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

15. MAIDEN NAME Martha A. Lee

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

17. INFORMANT Manora A. Kelso
 (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clear Creek DATE Apr. 19, 1933

19. UNDERTAKER W. Klingner & Co.
 (ADDRESS) Springfield Mo.

20. FILED 4-17-1933 Kalshudington
 Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1931, to April 17 1933
 I last saw him alive on April 9 1933. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart failure
Chronic Myocarditis
 Other contributory causes of importance: Arteriosclerosis

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? 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) A. M. Powers, M. D.
 (Address) 324 Landers Bldg. Springfield, 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.

MAY 2 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

