

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

Do not use this space.

16688

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Raw Primary Registration District No. 1002
City K.C. Mo (No. St. Joseph)

File No. _____
Registered No. 2185
St. _____ Ward _____

2. FULL NAME

Lida Whittier Kelly
(a) Residence, No. 920 Paseo St. _____ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 8

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

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) Mo

13. NAME W. T. Bean

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

15. MAIDEN NAME Wm. Bean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Bean

17. INFORMANT (ADDRESS) Mrs. B. Schrecker

18. BURIAL, CREMATION, OR REMOVAL PLACE Levintho Mo DATE May 24 1933

19. UNDERTAKER (ADDRESS) Mrs. C. K. Foster

20. FILED 5-22-33 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1933, to 5-22, 1933
I last saw her alive on 5-21, 1933. Death is said to have occurred on the date stated above, at 7 A. m.

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

Arterio-sclerosis
kidneys
1931
31

Other contributory causes of importance: uremia

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? yes

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. T. Bean M. D.
(Address) 414 W. Alameda St. Bldg.

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.

Age 96 41

