

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

Do not use this space.

**20827**

**1. PLACE OF DEATH**

County St Charles Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St Charles (No. Carmelite Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 103  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7 7 1858</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>?</u>
	DAYS <u>?</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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>Don't know</u>		
FATHER	13. NAME <u>Stephen Kelly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>✓</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u>	
17. INFORMANT <u>C. M. Thurston</u> (ADDRESS) <u>Jonesburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jonesburg</u> DATE <u>6-13-33</u>		
19. UNDERTAKER (ADDRESS) <u>C. M. Thurston</u> <u>Jonesburg, Mo.</u>		
20. FILED <u>6/13</u> 19 <u>33</u> <u>H. J. Blochman</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to June 13, 1933  
 I first saw her alive on June 12, 1933. Death is said to have occurred on the date stated above, at 4:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Heat Prostration

97  
107  
191

Other contributory causes of importance:

Arteriosclerosis  
Senility

Date of onset  
6/12/33  
30  
10 yrs  
20

Name of operation none 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) B. P. Wentker, M. D.

(Address) St. Charles, Missouri

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.

**JUL 22 1933**

WHITE FORM #1, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

