

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.

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

Do not use this space.

*Harvey J. Afton*

**21012**

1. PLACE OF DEATH  
 9/5 County *St. Louis* Registration District No. **1123**  
 Township *Carroll* Primary Registration District No. **62486** File No. \_\_\_\_\_  
 City *(No. 5019 Frankfort)* Registered No. **204** St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *James A. Kelsey*  
 (a) Residence, No. *5019 Frankfort* St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S.; if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>M.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Ida Kelsey</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 18-1853</i>				
7. AGE	YEARS <i>79</i>	MONTHS <i>10</i>	DAYS <i>7</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Real Estate Salesman</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>-</i>			
	10. Date deceased last worked at this occupation (month and year) <i>June 23/33</i>			
11. Total time (years) spent in this occupation <i>-</i>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Orleans Louisiana</i>				
FATHER	13. NAME <i>Arthur Kelsey</i>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
MOTHER	15. MAIDEN NAME <i>Bablia Rooney</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
17. INFORMANT <i>Ida Kelsey wife</i> (ADDRESS) <i>5019 Frankfort</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Louis Burial Pl. June 28, 1933</i>				
19. UNDERTAKER (ADDRESS) <i>Quinn J. Hoffmeister 7016 Schuyler St</i>				
20. FILED <i>June 24, 1933 R. A. Obrock M.D. Registrar.</i>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25-1933*

22. I HEREBY CERTIFY That I attended deceased from *June 24, 1933* to *June 25, 1933*  
 Last saw him alive on *June 25, 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:  
 Cerebral haemorrhage 6/24  
*824 824*  
 Other contributory causes of importance: *apoplexy 1. 1.*

Name of operation \_\_\_\_\_ 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 *Harren Heyenga*, M. D.  
*6639 So. Kings Highway Blvd.*

