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

Do not use this space.

28244

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7377

City St Louis (No. Barnes Hospital St. ..... Ward)

**2. FULL NAME** Laura L. Kelley

(a) Residence, No. ..... St. 14 Ward. Coulterville Ill
(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 F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24-1875

7. AGE YEARS 58 MONTHS 7 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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) Coulterville Ill

FATHER

13. NAME Alexandra Russell

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

MOTHER

15. MAIDEN NAME Martha Adams

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

17. INFORMANT (ADDRESS) Mrs. John Stewart Coulterville Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Coulterville Ill DATE Aug 29 1933

19. UNDERTAKER (ADDRESS) Burns Bros. Coulterville Ill

20. FILED AUG 27 1933 19 J F Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1933, to 8-26, 1933

I last saw her alive on 8-26, 1933 Death is said to have occurred on the date stated above, at 5:55 p.m.

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

| | Date of onset |
|---|---|
| Pyelonephritis | |
| B. Coli septicemia | 8/16/33 |
| 956 | |
| 558 | |
| 1236 | |

93

Other contributory causes of importance:

Chronic myocarditis

Senile emphysema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Karl F Korwe M. D.

(Address) Barnes Hospital 600 So Kingshighway

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.

SEP 26 1933

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...UNFADING INK—THIS IS A PERMANENT RECORD