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.

1. PLACE OF DEATH
County Hickory — Registration District No. 362 — File No. 29457
Township Green — Primary Registration District No. 5507 — Registered No.
City ~~Pittsburg~~ (No. ..... St. ..... Ward)

2. FULL NAME John Alvin Kelley
(a) Residence, No. ~~Pittsburg~~ St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ~~(OR) WIFE OF~~ Myrtle Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1886

7. AGE: YEARS 47 — MONTHS 5 — DAYS 13 — If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION
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.
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) Kansas

FATHER
13. NAME Frank E. Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Christina Clements
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

17. INFORMANT (ADDRESS) Myrtle Kelley, Pittsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowers Chapel DATE Sep 13 1933

19. UNDERTAKER (ADDRESS) J. R. Luckey, Wheatland, Mo.

20. FILED 9-16-1933 John P. Dennis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. ~~Mar~~ 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933 to Sept 12, 1933
I last saw him alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

Acute Endocarditis — Date of onset

91 a

Other contributory causes of importance:

Name of operation None — Date of
What test confirmed diagnosis? Exam — 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?
If so, specify
(Signed) J. L. Johnston M. D.
(Address) Wheatland Mo