

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

Do not use this space.

30018

1. PLACE OF DEATH

4? County Gasper Registration District No. 411
 Township Galena Primary Registration District No. 2002
 City Gopline (No. 1011) St. _____ Ward _____

2. FULL NAME

Beatrice A. Kelley
 (a) Residence, No. R.F.A. #1 Carl Junction, Mo. 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. M. Kelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1900</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>4</u>	DAYS <u>13</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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>Carroll Springs Mo</u>		
13. NAME <u>J. B. Lee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mabel Baker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT (ADDRESS) <u>H. M. Kelley R-1 Carl Junction Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purcell</u> DATE <u>Sept 5, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Steele Undertaking Co Webb City Mo</u>		
20. FILED <u>9-5</u> 19 <u>33</u> <u>Ed D James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1933, to Sept 4 1933
 I last saw him/her live on Sept 3 1933 Death is said to have occurred on the date stated above at _____ m.
 The principal cause of death and related causes of importance were as follows:
gunshot wound
 chest - flight by
 shock & hemorrhage

Other contributory causes of importance:
1933
 1933

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide murder Date of injury Sept 3, 1933
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Frederick Helmer Highway
 Manner of injury gunshot wound
 Nature of injury to chest

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. J. Dugan, M.D.
 (Address) _____

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.

OCT 20 1933

MARGIN RESERVED FOR BINDING

S. NO. 2

SEP 30 1948