

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

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1003
 City St. Louis (No. St. Anthony's Hospital) File No. 31445
 Registered No. 8115 St. Ward)

2. FULL NAME

Alay Annmore Kelso
 (a) Residence, No. St. 16 Ward. Jestus Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. one 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 Sottie Kelso.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14th 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 0 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Truck driver

10. Date deceased last worked at this occupation (month and year) Sept 2 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME J. W. Kelso

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sottie Kelso. (ADDRESS) Jestus Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jestus Mo DATE 9-19-1933

19. UNDERTAKER Wester - Vinyard (ADDRESS) Jestus Mo

20. FILED SEP 18 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1933, to 9-16, 1933
 I last saw him alive on 9-19, 1933. Death is said to have occurred on the date stated above, at 11:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Septic Crises
Dysentery
115A
36
 Other contributory causes of importance:
Septic Crises
Shock non Diphtheritic

Name of operation Date of
 What test confirmed diagnosis? Septic 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) Martin J. Davis, M. D.
 (Address) 721 Olive St

