

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.

NOV 10 1933

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

Do not use this space.

34296

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 785  
 Township Barbours Primary Registration District No. 6031  
 City Manchester Nursing Home (No.                      St.                      Ward                     )

2. FULL NAME George W. Kelly  
 (a) Residence, No. 4102 Oakwood Ave. St. Ward                       
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

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 Theresa Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 0 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)  
 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) New York

MOTHER / FATHER  
 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. G. L. Howard  
 (ADDRESS) 4102 Oakwood Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cemetery DATE Oct 11, 1933

19. UNDERTAKER Geo. L. Plitich Inc.  
 (ADDRESS) 5466 Boston Ave

20. FILED 10/9 1933 P. E. Barnett

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933 to October 7, 1933  
 I last saw                      alive on October 7, 1933 Death is said to have occurred on the date stated above, at 8 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Senility  
Carcinoma of face.  
 Date of onset                     

Other contributory causes of importance:  
                    

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?                      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                     

(Signed) B. R. Loving, M. D.  
 (Address) Ballwin, Mo.

Dr. Loring

Baltimore Md.

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