

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

Do not use this space.

34350

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033B
City Union at Road West of Sprague St. (No. 289) Ward

File No.

Registered No. 289

2. FULL NAME

Thomas Kelly
(a) Residence, No. 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 Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 7 20 21

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Hotel clerk

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) St. Louis

13. NAME Philip Kelly

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

15. MAIDEN NAME Brigid Kilgore

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

17. INFORMANT (ADDRESS) William E Kelly 4558 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 9 1933

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly, Inc. 3540 Broadway

20. FILED 10-6-33 Rolls, Daisy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5 1933

22. I HEREBY CERTIFY That I attended deceased from July 6 1933 to Oct 6 1933

I last saw him alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 2:52 a.m.

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

Chronic Myocarditis, 2 yrs
97

Other contributory causes of importance:
Arterio sclerosis

Name of operation Medical Date of No

What test confirmed diagnosis? Medical 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 Patient
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. M. Linnell
(Address) 701 Metropolitan Bldg.

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

156

Dr. W. R. Lamb

Met. Reg.

12-1

12-1