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

Do not use this space.

36850

JAN 4 1934

1. PLACE OF DEATH
County Jasper — Registration District No. 406 — File No.
Township Twin Grove — Primary Registration District No. 5560 — Registered No. 28
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Rhoda Kelley
(a) Residence, No. R.F.D. 1 Oronogo Mo St., ... 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19. 1847
7. AGE: YEARS 86 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) New York City N. Y.

FATHER
13. NAME Henry Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) F. M. Kelley R.1 Webb City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Twin Grove DATE Nov. 19 1933
19. UNDERTAKER (ADDRESS) Steele Undertaking Co. Webb City, Mo.
20. FILED Nov 18 1933 C W Rovey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Nov 17, 1933
I last saw h. alive on Nov 17, 1933. Death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset
11.3
13.3

Other contributory causes of importance:
senility

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

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) M. S. Schwartz Steele M. D.
(Address) Webb City Mo

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD