

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

Do not use this space.

40646

PLACE OF DEATH

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

No.

St.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

M

W

married

12-9-1933

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

Fannie Kelsey.

22. I HEREBY CERTIFY, That I attended deceased from 12-6-1933 to 12-9-1933

I last saw him alive on 12-9-1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

May-6-1855

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

78

7

3

Chronic interstitial nephritis

Date of onset ?

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

Potter.

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

30 years ago

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

Stilesville, IND.

13. NAME

O. W. Kelsey

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

St. Ubalda, OHIO

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Mrs. Chas. Straub, 2400 E. 1st St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rose Hill

DATE

12-10-1933

19. UNDERTAKER (ADDRESS)

C. W. Hill, 111 E. 1st St., Brookfield

20. FILED

12/10/33

19

J. Lucas Registrar

Name of operation

None

Date of

What test confirmed diagnosis?

Usual

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? No

If so, specify

(Signed)

C. W. Hill, Brookfield, Mo.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934
58

2

2

31

THE UNIVERSITY OF CHICAGO
LIBRARY

1950

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT