

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.

JAN 26 1934

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

Do not use this space.

40830

1. PLACE OF DEATH

72 County New Madrid  
Township Lewis  
City                      (No.                     )

Registration District No. 274  
Primary Registration District No. 6361

File No.                       
Registered No.                      St.                      Ward                     

2. FULL NAME

Charley 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 (write the word) Widower

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

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

7. AGE YEARS 70 MONTHS                      DAYS                      If LESS than 1 day, hrs.                      or min.                     

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

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)                     

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT E. M. Sykes Major  
(ADDRESS) Lilbourn Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE                      DATE 12-2 1933

19. UNDERTAKER Hilb Bros  
(ADDRESS) Lilbourn Mo.

20. FILED Jan 10 1934 E. E. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933, to Dec 2 1933

I last saw him alive on Dec 2 1933 Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Arterio-Sclerosis

Date of onset                     

Other contributory causes of importance                     

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? no

If so, specify                     

(Signed) E. E. Jones M. D.

(Address) Lilbourn Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid  
Township Levee  
City Charley (No.          St.          Ward         )

Registration District No. 274  
Primary Registration District No. 6261

No.           
Registered No.         

**2. FULL NAME**

(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 <u>m</u>		4. COLOR OR RACE <u>w</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>w</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
about 70					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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)					
FATHER	13. NAME <u>unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	15. MAIDEN NAME <u>unknown</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL					
PLACE <u>        </u> DATE <u>        </u> 19 <u>        </u>					
19. UNDERTAKER (ADDRESS)					
20. FILED 19 <u>        </u> <u>E. E. Jones</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 19 35

22. I HEREBY CERTIFY, That I attended deceased from          to         , 19         .  
I last saw h          alive         , 19         . Death is said to have occurred on the          day stated above, at          m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset         

Other contributory causes of importance:  
        

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. D.  
(Address)         

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

05806-S