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

Do not use this space.

42015

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11060

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis Mo. (No. 2945 - Lawton City Hosp. #2 St. ..... Ward)

2. FULL NAME Mary Kelly

(a) Residence, No. 2024 - Kosciusko Ward 23
(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 Colored

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) 8-5-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	4	16	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) R. Tardeau 2945 - Lawton City Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon Cem DATE 12/27 1933

19. UNDERTAKER (ADDRESS) W. S. Wade Und Co 4202 Finney Av

20. FILED 20 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

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

22. I HEREBY CERTIFY, That I attended deceased from 11-21-, 1933, to 12-21-, 1933

I last saw her alive on 12-21-, 1933. Death is said to have occurred on the date stated above, at 8:30 P m.

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

Chronic Nephritis — Date of onset 11-21-33

59

131

Other contributory causes of importance: Diabetic Mellitis

59

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Henry E. Hampton, M. D.

(Address) 2945 - Lawton City Hosp. #2

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

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JAN 26 1934

...IS A PERMANENT RECORD