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.

FEB 27 1934

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

Do not use this space.

943

1. PLACE OF DEATH
County Holt
Township Tivis
City ..... (No. ..... St. ..... Ward)

Registration District No. 373
Primary Registration District No. 5570

File No. .....
Registered No. 1

2. FULL NAME Irene Logan Kelly
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 72 yrs. 1 mos. 13 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20-1861
7. AGE YEARS 72 MONTHS 1 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) 1927-May 1
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Mo

FATHER
13. NAME Robert Logan Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Cassaranda Pirigo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Missouri Kelly Oregon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon Mo DATE Jan 5 1934
19. UNDERTAKER (ADDRESS) Lester Pettijohn Oregon Mo
20. FILED 1-5- 1934 J. F. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3- 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933, to Jan 2 1934
I last saw her alive on Jan 2 1934 Death is said to have occurred on the date stated above, at 6:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis, Chronic,	1925

131

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) J. F. Chandler, M. D.
(Address) Oregon, Mo