

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

Do not use this space.

2:060

FEB 27 1934

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PLACE OF DEATH  
County Wenisco Registration District No. 607 ✓  
Township \_\_\_\_\_ Primary Registration District No. 4388  
City Caruthersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Gene 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 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 \_\_\_\_\_ ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>1</u>	<u>0</u>	<u>15</u>	

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. at home

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) Caruthersville Missouri

MOTHER FATHER

13. NAME Willie Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenisco Mo Missouri

15. MAIDEN NAME Bertha Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenisco Mo Missouri

17. INFORMANT Hill Kelly  
(ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Caruthersville Mo DATE Jan 7 1934

19. UNDERTAKER L. F. Ferguson  
(ADDRESS) Caruthersville Mo

20. FILED Jan 9 1934 O. E. Martin  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23 \_\_\_\_\_, 1933, to 1-6 \_\_\_\_\_, 1934  
I last saw him alive on 1-6 \_\_\_\_\_, 1934 Death is said to have occurred on the date stated above, at 4:20 AM.  
The principal cause of death and related causes of importance were as follows:  
Broken Pneumonia  
107A

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) J. J. Callum M. D.  
(Address) Caruthersville Mo

10/10/10

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

2060

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

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*Pennsylvania*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Donald Gene Kelly

Who died at \_\_\_\_\_ on Jan 6 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 0 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Broncho pneumonia

Other contributory causes of importance measles

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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)

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Ada Martin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 651

Primary Reg. Dist. No. 4388

Very truly yours,  
E. T. McGaugh M.D.  
Special Agent. E. C.

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