

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

Do not use this space.

2405

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. 1
 Township Manchester Primary Registration District No. 6031 Registered No. 37
 City Manchester Mo. (No. Manchester Nursing Home St. Ward)

2. FULL NAME

Frank Kelsey

(a) Residence, No. St. Ward Groves Mo.
 (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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 79 4 10

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

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) St. Louis Mo.

13. NAME Alexander Kelsey

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

15. MAIDEN NAME Lillian Ann Henry

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

17. INFORMANT Mrs. C. C. Saunders. (ADDRESS) 1255 Hanley Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan. 15, 1934

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED 1-15, 1934 Arnell J. Myler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Jan 13, 1934

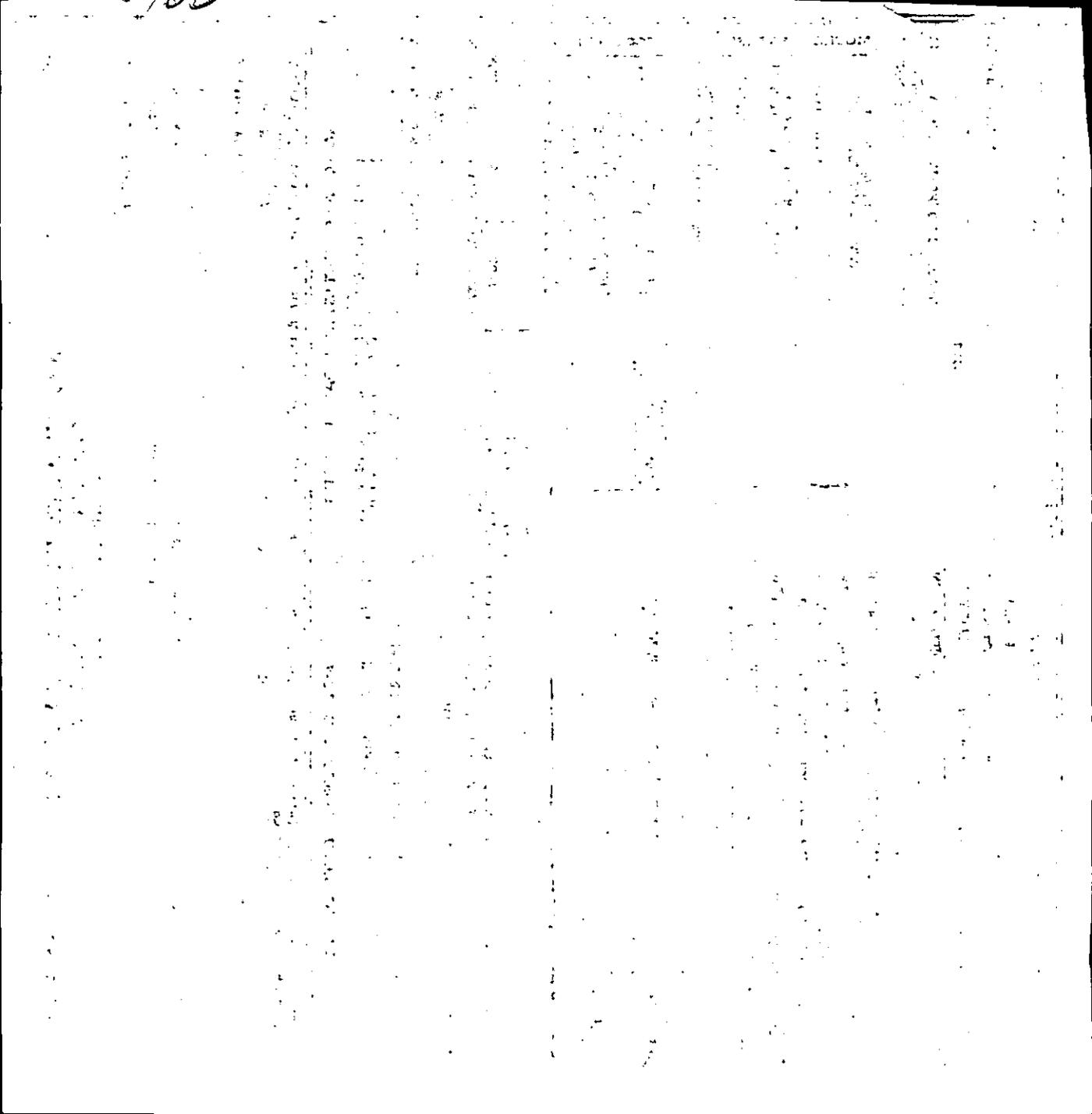
I last saw him alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis
Angina
Angioma
St. Vitus
 Other contributory causes of importance:
Angioma
Angioma
St. Vitus
 Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? Yes
 Date of onset Jan 1933
Dec 1933

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) B. P. Loving, M. D.
 (Address) Bellefontaine, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Ben Homme
City (No.) (Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. 2405
Registered No.

2. FULL NAME

Frank Kelsey

(a) Residence, No. St., Ward. Grover MO
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

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)

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... Anabel V. Ingle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1934

22. I HEREBY CERTIFY That I attended deceased from, to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at m.

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

Chronic Myocarditis Date of onset
Arterio Sclerosis
Apoplexy, Cerebral
Skullity, Cerebral Dec. 1930
Dec. 1933

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

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) B. P. Loving, M. D.
(Address) Ballwin, Mo.

SUPPLEMENTARY

S-2405