FEB 27 1934

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

Do not use this space.

3298

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo. (No. 2811 Sheridan St. ..... Ward)

File No. .....

Registered No. 960

2. FULL NAME Narvell Kelly

(a) Residence, No. 2811 Sherdian Ave. St., 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	--	7	

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. Laborer

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) Hemstead County Ark. Hampton Georgia

FATHER

13. NAME Joe Kelly

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

MOTHER

15. MAIDEN NAME Laura Wesson

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

17. INFORMANT (ADDRESS) Joe Kelly 2811 Sherdian Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE East St Louis Ill DATE 1-28 1934

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 25, 1934

I last saw him alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 10:45 a m m.

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

Pulmonary Tuberculosis

23A

Date of onset History given was 4 mo ago

Other contributory causes of importance:

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

What test confirmed diagnosis? none 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) E. L. Fearn, M. D.

(Address) 2738 Dickson St

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.