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.

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

Do not use this space.

MAR 2 1934

1. PLACE OF DEATH
County Howell — Registration District No. 387 — File No. 4750
Township Dryereek — Primary Registration District No. 5540 — Registered No.
City Pomona (No. ..... St. ..... Ward)

2. FULL NAME Sallie Kelley.
(a) Residence. No. ..... St., ... Ward. Birch Tree, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allen Grainge Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1, 1896

7. AGE: Years 37 — Months 7 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sereville Tennessee

PARENTS
10. NAME OF FATHER: Eli Lovday.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know Tenn.
12. MAIDEN NAME OF MOTHER: Callie Spurgon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): don't know Tenn.

14. INFORMANT: Allen Kelly
(Address) Birch Tree, Mo.

15. FILED Feb 6, 1934 Bessie L. Scruggs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-21- 1934

17. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1934, to 2-21-, 1934, that I last saw her alive on 2-21-1, 1934, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
122 B
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Adhesions in the right illiac region (duration) Do not know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At home near Birch Tree, Mo.
DID AN OPERATION PRECEDE DEATH? No too late to operate. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings intestinal vomiting
(Signed) D. B. Cox, M.D.
2-21-1934 (Address) Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Montier Mo — DATE OF BURIAL: Feb 3 1934

20. UNDERTAKER: John Duncan — ADDRESS: Mt View Mo