

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.

MAR 24 1934

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

Do not use this space.

7487

1. PLACE OF DEATH

County Stoddard  
Township Buck Creek  
City Bureau Mo. (No. \_\_\_\_\_)

Registration District No. 840  
Primary Registration District No. 6107

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Minta Kelley  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Kelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16, 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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)  
Corry Pa.

13. NAME  
Buck Grayson

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

15. MAIDEN NAME  
Martha Bias

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

17. INFORMANT (ADDRESS)  
Fred Kelley

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Bureau Cemetery 2-25 1934

19. UNDERTAKER (ADDRESS)  
Hickman White

20. FILED 3-2 1934 E L Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 10<sup>th</sup> 1934, to Feb 25<sup>th</sup> 1934. I last saw her alive on Feb 25 1934. Death is said to have occurred on the date stated above, at 8:55 p.m.

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

Haemiplegia  
59  
82D  
69  
Other contributory causes of importance:  
Debris

Name of operation none 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) R. Bureau, M. D.  
(Address) Bureau Mo.

