

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County CedarRegistration District No. 165Township LinnPrimary Registration District No. 5231City Jenico Springs No. _____

St. _____ Ward _____

File No. 8211Registered No. 572. FULL NAME Lyman Kell

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Ann Kell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 18767. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
87 5 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Fountain, Ind.13. NAME Michael Kell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT (ADDRESS) Ira W. Kell Jenico Springs, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Cemetery DATE May 4 193419. UNDERTAKER (ADDRESS) Davis Undertaking Co. Jenico, Mo.20. FILED Mar 8 1934 F. A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 193422. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Mar 3, 1934I last saw him alive on Mar 2, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

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

Chronic Brights disease Date of onset

Other contributory causes of importance:

Senility

(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) H. A. Dunneff, M. D.(Address) Stockton Mo.

PHYSICIANS should state Exact statement of OCCUPATION is very important.

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