

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.

APR 25 1934

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

Do not use this space.

11277

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. Sanitarium)

File No. ....  
Registered No. **3179** St. .... Ward)

2. FULL NAME

Alice Kelley  
(a) Residence, No. 4407 Washington St. 19 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 140 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
45 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Bolton Mississippi

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hubert P. Smith 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 3-31-34

19. UNDERTAKER (ADDRESS) Trigg & Co. 4278 So. Main St. St. Louis

20. FILED J. B. Brubaker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27<sup>th</sup> 1934  
22. I HEREBY CERTIFY, That I attended deceased from July 1<sup>st</sup> 1930, to Mar 27<sup>th</sup> 1934.  
I last saw her alive on 3/29, 1934. Death is said to have occurred on the date stated above, at 10:55 P. m.

The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia Date of onset 3/22/34  
Chronic Myocarditis 1930  
Other contributory causes of importance: None

Name of operation None Date of .....  
What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury ..... 19.....  
Where did injury occur? no (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 no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Hubert P. Smith M. D.  
(Signed) Hubert P. Smith  
(Address) 5400 Arsenal St.

