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.

72

MAY 25 1934

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

Do not use this space.

13671

1. PLACE OF DEATH
County New Madrid — Registration District No. 605 — File No.
Township Como — Primary Registration District No. ~~5804~~ 4359 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Julia Ann Kelm
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Kelm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1848

7. AGE — YEARS 85 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Ky

FATHER
13. NAME Newton Brumfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME (unknown) Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) James M. Kelm Risco Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vincent Cem DATE 4-17 1934

19. UNDERTAKER (ADDRESS) Craig Malden

20. FILED 4/15 1934 Dr. Geo W Husted Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Apr. 15 1934
I last saw her alive on Apr. 11 1934. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
93D	
66A 93d	

Other contributory causes of importance:
Enlarged Thyroid

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Geo W Husted, M. D.
(Address) Parma