

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

Do not use this space.

27916
74

PLACE OF DEATH

County Scott Registration District No. 821 File No. 74
Township Richland Primary Registration District No. 6070 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James O. Kell
(a) Residence No. East Prairie, Mo. Ward. _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Minnie Kell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 1896</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>10</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pensioned</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>World War Veterans</u>		
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) <u>Hillington Ky.</u>		
MOTHER	13. NAME <u>Joe Kell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Ark.</u>	
	15. MAIDEN NAME <u>Ellen Pickett</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Ark.</u>	
	17. INFORMANT (ADDRESS) <u>Lawrence Kell East Prairie, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillington, Ky</u> DATE <u>July 10 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Francis J. Shelby East Prairie, Mo.</u>		
20. FILED <u>7/14</u> 1934 <u>Halter E. Dennis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:
Skull fracture, head crushed, left hand mangled - auto accident, collision

Other contributory causes of importance: 210 St 210 St

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/7 1934
Where did injury occur? Scott Co, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U.S. Hwy #60 - 3 mi west of Lexington
Manner of injury _____
Nature of injury _____

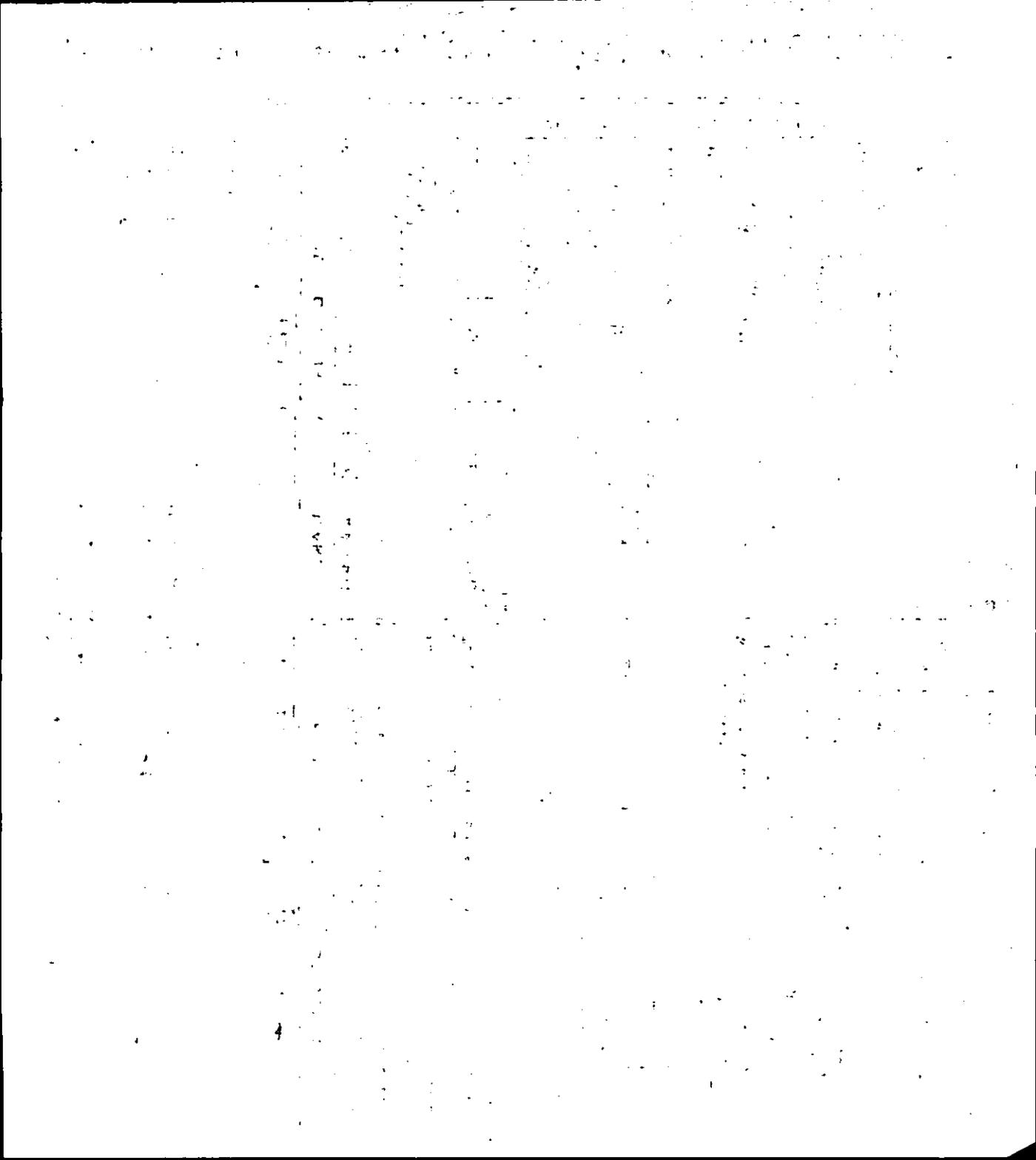
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. Welsh Scott Co. Mo.
(Address) Lexington Mo Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 17-1934

821 6070



Scott

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James O. Kell
Who died at Scott City, Mo. on July 7 - 1934
Residence: No. _____ St. East Prairie, Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 0 Months _____ Days _____

Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth Aug. 25, 1896 Age: Years 37 Months 10 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Skull fract. - head crushed - left hand mangled - auto accident collision

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 7, 1934

Where did injury occur? 3 miles west of Liberton, Scott City, Mo.
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway, # 60

Manner of injury Auto collided with truck

Nature of injury Fracture of skull, head & left hand crushed.

Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

Name of physician None

Address of physician _____

Signature of Registrar [Signature]

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 821

Very truly yours,
E. T. McLaugh M.D.

Primary Reg. Dist. No. 6070

Special Agent.

E.C.

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