

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

Do not use this space.

31388

**1. PLACE OF DEATH**

SEP 13 1934

791

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. 8703

City *St. Louis* (No. *8892*)

City *St. Louis* (No. *1003*)

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4167*  
(Usual place of abode)

*Male Kelso* Ward. *19*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *8* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>M</i>		4. COLOR OR RACE <i>W</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elbert Kelso</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 13, 1896</i>					
7. AGE		YEARS <i>37</i>	MONTHS <i>9</i>	DAYS <i>14</i>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Hook</i>				
	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) <i>Indian</i>					
MOTHER	13. NAME <i>John Gambell</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>				
	15. MAIDEN NAME <i>Male Gambell</i>				
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>				
	17. INFORMANT <i>Wm J. M. Keck</i> (ADDRESS) <i>City St. Louis</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lakewood Park Dep 5937</i>					
19. UNDERTAKER (ADDRESS) <i>W. W. ...</i>					
20. FILED: <i>UG 29 1934</i> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/27*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *8/26*, 19*34*, to *8/27*, 19*34*. I last saw her alive on *8/27*, 19*34*. Death is said to have occurred on the date stated above, at *10:35* p.m. The principal cause of death and related causes of importance were as follows:  
*Eclampsia*  
*7 Months Pregnancy*  
*146*  
*1110*  
*Edema of Lungs*

Name of operation..... *none* Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury.....  
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) *A. B. ...*, M. D.  
(Address) *City St. Louis*

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.

