NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Auchain — Registration District No. 26 — File No. 35134
Township Salisbury — Primary Registration District No. 5034 — Registered No. 146
City ~~Mexico~~ Mo (No. R. L. O. #5, Mexico Mo St. Ward)

2. FULL NAME Lucy Kelley.
(a) Residence, No. Mexico Mo 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Joseph Kelley.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1849
7. AGE 85 YEARS — MONTHS 0 — DAYS 17 — 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) Oct. 1-34
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER
13. NAME Jacob Kessler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Elizabeth Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Dora Menefee. Wellsville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico Mo DATE Oct. 18-34
19. UNDERTAKER (ADDRESS) K. A. Pruett & Son Mexico Mo.
20. FILED 10-18, 1934 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 1934
22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1934 to 10-17, 1934
I last saw her alive on 10-16, 1934 Death is said to have occurred on the date stated above, at 8a. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis with central cardiovascular changes. 92a

Date of onset

Other contributory causes of importance: Tumor right kidney (of Unknown Pathology)

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? No
If so, specify ~~J. Hanison~~
(Signed) J. Hanison, M. D.
(Address) Mexico 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.