OCT 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Breton
City ~~Potosi, Mo~~ (No. ..... , ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. 38327
Registered No. .....

2. FULL NAME William Kelsey

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Kelsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) New Orleans La.

FATHER
13. NAME Arthur Kelsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast Ireland

MOTHER
15. MAIDEN NAME Adelia Rooney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kilkenny Ireland

17. INFORMANT (ADDRESS) Arthur Kelsey Mineral Point, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi, Mo DATE 10/9/34, 19

19. UNDERTAKER (ADDRESS) J. B. Boyer & Son Potosi, Mo

20. FILED Oct 8 1934 G.F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7. 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1934, to 10-7, 1934
I last saw him alive on 10-7, 1934. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

93A
1068

Other contributory causes of importance:
Chronic Bronchitis

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? .....
If so, specify .....
(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, 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.