

DEC 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Milays
City Milays (No. _____)

Registration District No. 8524
Primary Registration District No. 4518

File No. 41684
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Caswell Kelley

(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 20 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1856

7. AGE YEARS 77 MONTHS 10 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Sullivan County (STATE OR COUNTRY) Missouri

13. NAME William E. Kelley

14. BIRTHPLACE (CITY OR TOWN) Temple (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Cassandra Harrell

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) Tennessee

17. INFORMANT Walter Kelley (ADDRESS) Milays Mo.

18. BURIAL, CREMATION, OR REMOVAL buried in Milays Mo. DATE Nov 26 1934

19. UNDERTAKER C. G. Scherer (ADDRESS) Milays Mo.

20. FILED Dec. 6 1934 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1934 to Nov. 24 1934. I last saw him alive on Nov. 23 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Nov 21 1934
hypertension not shown

Other contributory causes of importance: _____

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? _____ 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 _____
(Signed) J. S. Montanery, M. D.
(Address) Milays 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.

