

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

Do not use this space.

MAR 20 1935

5395

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Jackson

Primary Registration District No. 1002

City Kansas City (No. 1715)

Bellemeu

File No.

Registered No. 606

St. Ward

2. FULL NAME

(a) Residence, No. 1715 Bellemeu 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 Fr 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 5

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

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) Plattsburg Mo.

13. NAME George Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Minerva Leck

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

17. INFORMANT (ADDRESS) Allen Tate

18. BURIAL CREMATION, OR REMOVAL PLACE DATE Maple Hill 2/14 1935

19. UNDERTAKER (ADDRESS) Starkins Bros.

20. FILED 2/13 1935 1729 Lydia Avenue

25 M. W. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1935 to 2-9 1935

I last saw him alive on 2-9 1935 Death is said to have occurred on the date stated above, at 4:25 P. m.

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

cerebral apoplexy

Other contributory causes of importance:

acute Bronchitis

Name of operation none Date of

What test confirmed diagnosis? none 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) R. G. Hasdean, M. D.

(Address) 16 + Garfield

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.

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

47
179

8-12-35

606
Ward

Date of onset

R. G. Hasdean

Dr. R. C. Hayden.