

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.

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

Do not use this space.

13514

MAY 15 1935

1. PLACE OF DEATH

County McDonald Registration District No. 611
 Townshp. Buffalo Primary Registration District No. 5813
 City Seneca Mo. R. 1 (No. _____) St. _____ Ward _____

2. FULL NAME William Marion 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 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 Bertha Whitman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 1 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hammer
 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) Missouri

MOTHER 13. NAME William Robert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Francis Roark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Marion Kelley
 (ADDRESS) Seneca Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Church DATE April 16, 1935

19. UNDERTAKER B. W. Buzzard
 (ADDRESS) Seneca Mo.

20. FILED Apr. 20, 1935 Merle Sparlin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1935

22. I, HEREBY CERTIFY, That I attended deceased from Apr. 12, 1935 to Apr. 13, 1935
 last saw him alive on Apr. 12, 1935 Death is said to have occurred on the date stated above, at 12 AM

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

Angina Pectoris Date of onset _____
 Other contributory causes of importance: _____

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) M. D. Seneca Mo.

(Address) Seneca Mo.

