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.

JUL 2 2 1935

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

Do not use this space.

19424

1. PLACE OF DEATH
County Greene — Registration District No. 316 — File No.
Township ~~Boone~~ — Primary Registration District No. 4191 — Registered No.
City Ash Grove mo (No. ..... St. ..... Ward)

2. FULL NAME Columbus B. Kelley.
(a) Residence, No. Ash Grove St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Curtis L. Kelley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/28/1873
7. AGE: YEARS 62 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Greene Co mo

FATHER
13. NAME: Jasper H Hudgings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co Mo

MOTHER
15. MAIDEN NAME: Margret M. Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co Mo

17. INFORMANT (ADDRESS): C. L. Kelley, Ash Grove mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Grove mo DATE 6/12, 1935
19. UNDERTAKER (ADDRESS): Trogdon-Morris-Leiman, Ash Grove mo
20. FILED 6/10/, 1935 Mrs Leonard Jones, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to June 9, 1935
I last saw her alive on June 9, 1935. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance:
Influenza

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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) H. K. Cowen, M. D.
(Address) Ash Grove Mo.