JUL 2 2 1935

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

Do not use this space.

19653

1. PLACE OF DEATH
County Jackson — Registration District No. 906 — File No. 2288
Township Kans — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo. (No. Gen. Hosp. St. Ward)

2. FULL NAME Mrs. Eva Kelley
(a) Residence, No. 1437 Madison 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 Herbert Lee Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/6/1869

7. AGE — YEARS 63 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 (Slate Co)

FATHER
13. NAME James Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee (Nashville)

17. INFORMANT (ADDRESS) Herbert Lee Kelley 1437 Madison K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo. DATE 6/2/35 19

19. UNDERTAKER (ADDRESS) Morton Funeral Home N.K.C.

20. FILED 6-4 1935 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Thrombosis	
Acute encephalomalacia	

Other contributory causes of importance:

Name of operation Autopsy Date of Yr
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) [signature], M. D.
(Address)

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.