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

NOV 25 1935

Do not use this space.

32524

File No.

Registered No. 1

43

1. PLACE OF DEATH

County Hickory. Registration District No. 360

Township Hermitage Primary Registration District No. 5505

City Hermitage (No. , St. Ward)

2. FULL NAME Margrett Jane Kelley.

(a) Residence, No. Hermitage St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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)~~: Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF~~: Greenbarry Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1850

7. AGE: Years 85 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

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) Mont Vernon. Missouri

FATHER

13. NAME John. H. Munday.

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

MOTHER

15. MAIDEN NAME Elizabeth Clark.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ill.

17. INFORMANT Luther Kelley.
(ADDRESS) Hermitage Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masdonic Cem. DATE Oct. 28 1935

19. UNDERTAKER J. R. Luckey
(ADDRESS) Wheatland Mo.

20. FILED Oct 29 1935 Grace McKinley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from —, 1920, to Oct-27-, 1935

I last saw her alive on Oct-15, 1935. Death is said to have occurred on the date stated above, at 12 30 m.

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

	Date of onset
Arterial Sclerosis	unknown

Other contributory causes of importance

OK

Name of operation — Date of —

What test confirmed diagnosis? Physical 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) A. S. Johnston, M. D.

(Address) Wheatland 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.

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

100M-11-24-35