

NOV 9 1935

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

Do not use this space.

34568

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **City Hospital #2**)

File No.
Registered No. **9010**
St. Ward)

2. FULL NAME

Nola Kelley
(a) Residence, No. **1400 1/2 N. 21st St.** 21 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Everest Kelley**

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **about 34**

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) **Tenn**

FATHER 13. NAME **Bill Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

MOTHER 15. MAIDEN NAME **Landerdale**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT (ADDRESS) **Everest Kelley**
1400 1/2 N. 21st

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Oct 28 1935**

19. UNDERTAKER (ADDRESS) **A. L. Beal undcr**
2726 Pine St

20. FILED **Oct 28 1935** Registrar **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 24** 19**35**

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 **11 30** a.m.

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

C. N. Acute Peritonitis and Effects of Amnesia - self-administrated

Date of onset

Other contributory causes of importance:

suicide 163

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal..... Date of injury **10/24** 19**35**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **C. N. Peritonitis**
Nature of injury **suicide**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **Harold P. Schultz** M.D.
(Address) **St. Louis 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.

