

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

Do not use this space.

**DEC 17 1935**

**35567**

**1. PLACE OF DEATH**

County Cole Registration District No. 214  
Township Moran Primary Registration District No. 3294  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 19

**2. FULL NAME John Frank Kelly**

(a) Residence, No. Russellville, Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 3 9

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

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) Russellville,  
(STATE OR COUNTRY) Missouri.

13. NAME S. H. Kelly

14. BIRTHPLACE (CITY OR TOWN) No Record  
(STATE OR COUNTRY)

15. MAIDEN NAME No Record.

16. BIRTHPLACE (CITY OR TOWN) No Record.  
(STATE OR COUNTRY)

17. INFORMANT A. J. Bond  
(ADDRESS) Union Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE NOV. 20th, 1935

19. UNDERTAKER G. N. Steffens  
(ADDRESS) Russellville, Mo.

20. FILED Nov. 19, 1935 Geo. M. Belcher  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18th, 1935 .19

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 18, 1935

I last saw him alive on Nov 18, 1935 Death is said

to have occurred on the date stated above, at 12-5 P.M.

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

Dysentery & enteritis Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) George J. McLawan, M. D.  
(Address) Russellville 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.

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