

MAR 16 1936

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

Do not use this space.

4414

1. PLACE OF DEATH

County Andrew
Township Rochester
City (No. 2 Mi. No. of Avebue City, Mo.)

Registration District No. 16
Primary Registration District No. 5020

File No.
Registered No. 6 St. Ward)

2. FULL NAME

Mary L. Kelly

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 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 Andrew J. Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 5

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

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) Andrew Co., Mo.
(STATE OR COUNTRY)

13. NAME John Wagenblast

14. BIRTHPLACE (CITY OR TOWN) Unknown Germany.
(STATE OR COUNTRY)

15. MAIDEN NAME Caroline Shafer

16. BIRTHPLACE (CITY OR TOWN) Unknown Germany.
(STATE OR COUNTRY)

17. INFORMANT xxxx George Kelly
(ADDRESS) Cosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Prairie Cem. DATE Feb. 16, 1936,

19. UNDERTAKER Water Meischke
(ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED Feb. 15 1936 Lora C. Frankl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933, to Feb. 13, 1936

I last saw h. er alive on Feb. 12, 1936. Death is said to have occurred on the date stated above, at 7.25 m. A.M.

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

Myelogenous Leukemia Date of onset unknown

Other contributory causes of importance:

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 ✓, 1936

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) Gustav St. Louis, M. D.(Address) Kirkpatrick Bldg. St. Joseph, 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.

