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.

APR 17 1936

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

Do not use this space.

9929

1. PLACE OF DEATH: County Dade — Registration District No. 236 — File No. 40
Township Everton — Primary Registration District No. 4143 — Registered No. 40
City Everton (No. ..... St. ..... Ward)

2. FULL NAME John O'Kelley
(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Cohle O'Kelley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1875
7. AGE: YEARS 60 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: owner
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): Dade Co. Mo.

FATHER
13. NAME: Frank O'Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Elsie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Eva Cohle O'Kelley
18. BURIAL, CREMATION, OR REMOVAL: PLACE Sinking Creek DATE 3-26-1936
19. UNDERTAKER (ADDRESS): Brim Funeral Home Walnut Grove, Mo.
20. FILED 3-26-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Mar 25, 1936
I last saw him alive on Mar 25, 1936. Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:
Dilatation of R. Heart Side — Date of onset
1246
Other contributory causes of importance: Gall Bladder & Sirosis of Liver
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) W. R. Riley, M. D.
(Address) Everton Mo