

APR 27 1936

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

Do not use this space.

13868

1. PLACE OF DEATH

County Webster
Township West Benton
City (No.) St. Ward)

Registration District No. 901
Primary Registration District No. 6207

File No.
Registered No. 17

2. FULL NAME

Alice Castella Kelley

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 J. B.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 15

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936
22. I HEREBY CERTIFY that I attended deceased from March 11, 1936 to March 16, 1936
I last saw her alive on March 16, 1936 Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

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

Apoplexy Date of onset March 10 - 36

Other contributory causes of importance: Coronary Insufficiency 6 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME John Gline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER

17. INFORMANT Sten Kelley (ADDRESS) Fordland Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill Cemetery March 19, 1936
19. UNDERTAKER Kelley and Furnell (ADDRESS) Rogersville Mo.
20. FILED Mar 27, 1936 Mellie Atkins Registrar.

Name of operation Date of
What test confirmed diagnosis? 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 on the day was related to occupation or deceased? If so, specify
(Signed) W. C. ... M. D.
(Address) Rogersville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

