

JUN 23 1936

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

Do not use this space.

16043

1. PLACE OF DEATH

County Miller

Registration District No. 561

Township Eldon

Primary Registration District No. 4380

City Eldon

(No. _____) St. _____ Ward _____

File No. _____

Registered No. 43

2. FULL NAME Dorris Mildred Kelsay

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9 1924</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>3</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In School</u>
	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) <u>Eldon Missouri</u>	
FATHER	13. NAME <u>Spiral Kelsay</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Zona Landrum</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT <u>Mrs Sparrel Kelsay</u> (ADDRESS) <u>Eldon Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Eldon</u>	DATE <u>4-22 1936</u>
19. UNDERTAKER <u>Phillips Funeral Home</u> (ADDRESS) <u>Eldon Mo</u>		
20. FILED <u>4-22 1936 Belle Hayes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-16-36 1936, to 4-20 1936.
I last saw her alive on 4-20 1936 Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:
Peritonitis following removal of gangrenous appendix Date of onset 4-19-36

Other contributory causes of importance: None

Name of operation Appendectomy Date of 4-16-36
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 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) E. S. Shelton, M. D.
(Address) Eldon Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

