

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

Do not use this space.

MAY 14 1936

16902

1. PLACE OF DEATH

County.....**St. Louis Mo**..... Registration District No. **791**
 Township.....**W. Taylor**..... Primary Registration District No. **1003**
 City.....**St. Louis Mo** (No. **3024**)..... Registered No. **3648**
 (Ward)

2. FULL NAME

John M. Kelly
 (a) Residence, No. **3024 W. Taylor** St., **10** Ward. (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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucy Cooper M. Kelly**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 26 - 1860**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	75	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wactor**
 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) **St. Louis Mo**

13. NAME **John M. Kelly**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

15. MAIDEN NAME **Mary Ryan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Brook Carroll 7600 North Bridge**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cassury** DATE **4/6/36**

19. UNDERTAKER (ADDRESS) **Brook Carroll 7600 North Bridge**

20. FILED **APR 3 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/3/36**

22. I HEREBY CERTIFY, That I attended deceased from **March 27**, 19**36**, to **Apr 3**, 19**36**.
 I last saw him alive on **Apr 2**, 19**36** Death is said to have occurred on the date stated above, at **6:45 a.m.**
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset **Mar 27**

Other contributory causes of importance: **Hypertension Prostate**

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 in any way related to occupation of deceased? **Yes**
 If so, specify.....
 (Signed) **Whitson Hall**, M. D.
 (Address) **1625 Iowa Street**

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.

