JUN 24 1936

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

Do not use this space.
20209

1. PLACE OF DEATH
County Nodaway Registration District No. 625
Township Primary Registration District No. 3931
City Maryville Mo (No. St Francis Hospital St. Ward)

File No.
Registered No. 56

2. FULL NAME Daisy M. 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 27 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alva L. Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893 - 3 - 27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	43	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Maryville Mo. Mo.

FATHER
13. NAME Geo. W. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lina M. Tremany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Helen Kelley
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE May 5, 1936

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville Mo.

20. FILED May 5, 1936 Minnie E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1936, to 5-2-, 1936
I last saw her alive on 5-2, 1936. Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pericarditis.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Exam + X Ray. 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) Jas. Lowlet, M. D.
(Address) Maryville 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.