JUL 13 1936

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

Do not use this space.

22096

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: ~~Washington~~ — Primary Registration District No.: 1001

City: St. Joseph, MO. (No. St. Joseph Hospital St. Ward)

File No.: Registered No.: 867

2. FULL NAME Helen Marie Kelly

(a) Residence, No. 1501 Faraon Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Single	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	17	

OCCUPATION

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

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) June 1935 — 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Missouri

FATHER

13. NAME Frank Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

MOTHER

15. MAIDEN NAME Elizabeth Booth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

17. INFORMANT Mrs Maude E. Kelly
(ADDRESS) 1501 Faraon St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo DATE June 30, 1936

19. UNDERTAKER Heaton-BeGole & Bowman
(ADDRESS) St. Joseph, Missouri

20. FILED June 29, 1936 F J Nestlebush M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on June 28, 1936. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic Sarcoma of Fibula c̄ metastasis	1931

Other contributory causes of importance:

Name of operation Amputation R. leg Date of 1931

What test confirmed diagnosis? Biopsy Was there an autopsy? partial

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) Jacob Kulowski, M. D.

(Address) St. Joseph, Mo.

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.

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

MAY 2 7 1949