

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

Do not use this space.

26119

1. PLACE OF DEATH

County Dunklin Registration District No. 283
Township Balem Primary Registration District No. 5402
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-1870

7. AGE YEARS 65 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) last few days 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Son in law (ADDRESS) Wayland Hayward Rhodes

18. BURIAL, CREMATION, OR REMOVAL PLACE Lulu Cemetery DATE 7-20 1936

19. UNDERTAKER Howard J. Anderson (ADDRESS) Cardwell, Mo

20. FILED 7-28 1936 Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-14 34 to 7-19 1936

I last saw him alive on 7-19 1936. Death is said to have occurred on the date stated above, at 1:00 p. m.

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

Senility
162
Other contributory causes of importance: lung emphysema left foot Senile

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? _____

If so, specify Wallace English, M. D.

(Signed) Cardwell, Mo (Address) _____

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

6-20-50

TO THE DIRECTOR

FROM THE PHYSICS DEPARTMENT

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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