

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.

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

Do not use this space.

AUG 18 1936

**791
1003**

File No. **28775**
Registered No. **7541**

1. PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... **St. Louis** (No. **En Route to City Hospital**)..... St. Ward.....

2. FULL NAME **Joseph Kelty**
 (a) Residence, No. **3822 Delmar Blvd** St. **19** 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About 46	---	---	00	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Tennessee

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harold H. Schulz
(ADDRESS) Coroners Office

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memphis Tenn DATE July 20 1936

19. UNDERTAKER Peetz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED JUL 17 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19..... , to..... , 19.....
 I last saw h..... alive on..... , 19..... Death is said to have occurred on the date stated above, at **6:10 P.M.**

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

Excessive Heat

Date of onset

Other contributory causes of importance:

M

Name of operation..... Date of.....
 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?
 If so, specify.....
 (Signed) **Frank P. Furlong, M.D.**

(Address) **Coroner**

JUL 2 - 1943