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.

JAN 25 1937

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

Do not use this space.

45974

1. PLACE OF DEATH
County St. Clair — Registration District No. 765 — File No.
Township Osceola — Primary Registration District No. 6266 — Registered No. 37
City ~~Near Osceola Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Anna Marie Kelley
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — John James Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1870

7. AGE: YEARS 66 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Quincy Ill Adams Co.

FATHER
13. NAME Henry L. Dietz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Not Given~~ Rhinebach Germany

MOTHER
15. MAIDEN NAME Not Given
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Not Given~~ Rhinebach Germany

17. INFORMANT (ADDRESS) Henry L Kelley R R 1 Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunevard Cemetery DATE Dec 30 1936

19. UNDERTAKER (ADDRESS) H. C. Austin Lowry City Mo

20. FILED Jan 1 1937 Ruth Seevers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 36

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1935, to Dec 29th 36
I last saw her alive on Dec. 29th 1936. Death is said to have occurred on the date stated above, at 9.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1/1/34

Other contributory causes of importance: None

Name of operation — Date of ✓
What test confirmed diagnosis Clinical 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? No
If so, specify
(Signed) Leo Sheldon Wright, M. D.
(Address) Lowry City, Mo