

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

84 County Ray
Township Ray
City Ray (No. 1)

Registration District No. 115
Primary Registration District No. 6236

File No. 2755
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 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) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo

13. NAME James Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo Tennessee

15. MAIDEN NAME Relda Jones

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

17. INFORMANT Vergil Kelly (ADDRESS) Polo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill DATE Jan 13 1937

19. UNDERTAKER Alapach & Cowley (ADDRESS) Ray Mo

20. FILED Feb 7 1937 Noonie Lile Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1936 to Jan 12 1937

I last saw him alive on Jan 17 1936. Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Influenza
Culmonary Edema
myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? times 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) Dr. G.W. Gaines, M. D.

(Address) Richmond, 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.

