MAR 13 1937

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

Do not use this space.

6431

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 810

Township: Kaw — Primary Registration District No. 1002 — Registered No.

City: K. C. Mo (No. General Hospital 1 St. Ward)

2. FULL NAME William A. Kelley

(a) Residence, No. 921 1/2 E 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 22-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	87	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Insurance

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

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) Runney N. H.

FATHER

13. NAME Elbridge Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Runney N. H.

MOTHER

15. MAIDEN NAME Mary N. Osgood

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

17. INFORMANT (ADDRESS) Mrs. Lela Buster 921 1/2 E 12th

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb 14 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 2-13 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/37, 19

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

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

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

Fracture left femur

Bronchopneumonia

Date of onset

Other contributory causes of importance:

No 186a

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 ...

Where did injury occur? 921 1/2 E 12th Ave (specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell on ice

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D.

(Address)

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.