

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County LinRegistration District No. 502File No. 7096

Township

Primary Registration District No. 4505Registered No. 7City Marselme (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Roxanna C. Kelley St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

→ w/m H. Kelley

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

Nov 22 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78211

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

at Home

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)

Pike Co Ill

13. NAME

James D. Bentley

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

Don't Know

15. MAIDEN NAME

Mary Saunders

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

Don't Know

17. INFORMANT (ADDRESS)

Address Gordon Kelley Marselme Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Olivet

DATE

Feb - 5 1937

19. UNDERTAKER (ADDRESS)

Jas M. Laughlin Marselme Mo

20. FILED

2/4

1937

Oliver Barrett

Registrar.

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

Feb - 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1937, to Feb 3, 1937I last saw her alive on Jan 20, 1937. Death is saidto have occurred on the date stated above, at 12:35 P.M.

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

Influenzabronchopneumonia

Date of onset

Feb 3 19377Feb 3 1937

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? History 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)

M. D.

(Address)

Marselme Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

