MAR 5 - 1937

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

Do not use this space.

8010

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1435

Township ..... Primary Registration District No. 1003 Registered No. 1435

City St. Louis, (No. City Hospital No. 1 St. ..... Ward)

B. 15326 John Kelly

2. FULL NAME

(a) Residence, No. 4130 Clay St., 10 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1890

7. AGE: 46 YEARS | MONTHS: 1 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26
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) Buffalo New York 2

FATHER

13. NAME Patrick Kelly 15
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Mary (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 3 1937

19. UNDERTAKER (ADDRESS) Echt. F. Howard & Son 4212 St. Louis Ave

20. FILED FEB 1 - 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/21/37, 19..., to 1/31/37, 19...

I last saw him alive on 1/31/37, 19... Death is said to have occurred on the date stated above, at 3.30 a

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

Carcinoma of stomach
Perforation of stomach
generalized peritonitis

Date of onset

Other contributory causes of importance: 46B

Name of operation Exploratory Laparotomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? 1

If so, specify .....

(Signed) [signature], M. D.

(Address) City Hospital No.1

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.

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