CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH — County: Wright — Registration District No.: 906 — File No.: 17918
Township: Boone — Primary Registration District No.: 2224 — Registered No.: 8
City: Hartville (No. ..., St. ..., Ward)

2. FULL NAME: Joseph Andrew 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: 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jane Kelley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 9, 1863
7. AGE — YEARS: 74 — MONTHS: 10 — DAYS: 1 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.: On Farm
10. Date deceased last worked at this occupation (month and year): Nov 1927
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartville Mo.

FATHER
13. NAME: Andrew Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Angeline Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Jane Kelley Hartville Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Little Creek — DATE: Feb 11 1937
19. UNDERTAKER (ADDRESS): Gene E. Holden Hartville Mo
20. FILED: April 17 1937 Carlyn Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Viewed This Body, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

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 ..., 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?
If so, specify
(Signed) George Stapp Coroner
(Address) Mountain Grove Mo