

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

83

County Platt
Township Platts
City _____ (No. _____)

Registration District No. 695
Primary Registration District No. 5922

File No. 21026
Registered No. _____

2. FULL NAME

(a) Residence, No. Sarah L. Kelleher 2
(Usual place of abode) Embury R.F.D. #1 St. _____ Ward. _____

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Kelleher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 2 - 1863</u>		
7. AGE	YEARS	MONTHS
<u>5</u>	<u>73</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>William Kabbrecht</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Nancy Oliver</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>James Kelleher</u> (ADDRESS) <u>Parisville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Platt City Mo</u> DATE <u>June 5 1937</u>		
19. UNDERTAKER <u>Nolan Undertaking Co</u> (ADDRESS) <u>Parisville Mo</u>		
20. FILED <u>6-8 1937</u> <u>S.P. Ford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1937, to June 3 1937.
I last saw her alive on June 13 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset _____

Other contributory causes of importance:
fracture of pelvic bones
arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 5-7 1937
Where did injury occur? at home, fall
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fall
Nature of injury fracture pelvic bones

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) S.P. Ford M. D.
(Address) Parisville Mo.

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.

20314

