

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County St. Francois
Township St. Francois
Near City Farmington (No. _____)

Registration District No. 773
Primary Registration District No. 6088A

File No. 21213
Registered No. 98
St. _____ Ward _____

2. FULL NAME Samuel Martin Kelly

(a) Residence, No. Overland, Mo. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 53 1 11

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

13. NAME Samuel Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Pa

15. MAIDEN NAME Mary Grenneger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR EXHUMATION PLACE Greenwood Cemetery DATE June 3 1937
Nashville, Ill.

19. UNDERTAKER J. D. Mann (ADDRESS) Nashville, Mo.

20. FILED 6-3-37 B. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to May 31 1937.
I last saw him alive on May 31 1937. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis Date of onset _____
Acute cholecystitis
Myocardosis

Other contributory causes of importance:
Acute cholecystitis
Myocardosis

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? NT
If so, specify _____ M. D.
(Signed) Paul J. Schaefer
(Address) Farmington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. 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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