JUL 28 1937

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

Do not use this space.

Dr. Ferguson

23744

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1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 23744

Township — Primary Registration District No. 2001 — Registered No. 529

City Springfield, Mo. (No. Nichols & Grant, St. St. Ward)

2. FULL NAME Uel Kelso

(a) Residence, No. 722 Lincoln St., 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: Geraldine Kelso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 4, 1882

7. AGE: Years 54 — Months 8 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Floor Surfacing Contractor
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): Greene County, Missouri.

FATHER
13. NAME: J. M. Kelso
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Minora A Trogdon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Gertrude Kelso, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek Cem. DATE 6/27/37, 19

19. UNDERTAKER (ADDRESS): Herman Lohmeyer Funeral Home, Springfield, Mo.

20. FILED June 27, 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1937

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19...., to June 25, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 a.m.

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

Date of onset

Angina Pectoris

Other contributory causes of importance:

94a

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 4

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J P Ferguson (Coroner) M. D.

(Address) 542 Med. Arts Bldg

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.

Per Carl-Barnes