

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape
Township St. Charles
City Cape Girardeau (No. _____)

Registration District No. 121
Primary Registration District No. 3009

File No. 26869
Registered No. 219
St. _____ Ward _____

2. FULL NAME

Laura Alice Kelly
(a) Residence, No. 1306 Bloomfield 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Wm Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Mo.

13. NAME Wm Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doyle, Kansas

15. MAIDEN NAME Livina Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Wm Turner 1306 Bloomfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Salem DATE 7/14/37

19. UNDERTAKER (ADDRESS) T. H. Johnson 1072 Spring St. Cape Girardeau

20. FILED 7-12-37 Registrar J. H. Thompson

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 to July 12, 1937
I last saw him alive on July 10 P.M. 1937. Death is said to have occurred on the date stated above, at _____.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis et Myocarditis Date of onset about 1924

Other contributory causes of importance: Age, Congestive Heart Failure, Infection of Teeth

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stroke
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Hale, M. D.
(Address) Cape Girardeau

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

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