

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

Do not use this space.

31121

1. PLACE OF DEATH

County Jesse Registration District No. 497
Township Enterprise Primary Registration District No. 5673
City (No.) (No.) St. (No.) Ward

File No. _____
Registered No. 14

2. FULL NAME

Sam P. Kelly

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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

MEDICAL CERTIFICATE OF DEATH

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cordia Kelly.

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1937 to 8/1 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1874

I last saw him alive on 7/31 1937 Death is said to have occurred on the date stated above, at 2304 St. _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 4 7

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

Cerebral Hemorrhage Date of onset 6/31/37

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer

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 _____

Other contributory causes of importance: Previous Cerebral Hemorrhage 4/15/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Ky

13. NAME Peter Kelly

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Rachael Day

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ray Kelly

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Kearney Mo DATE Aug 3 1937

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

19. UNDERTAKER (ADDRESS) C. A. Scherer

If so, specify _____ (Signed) J. R. Melister M. D.

20. FILED Aug 30, 1937 Mrs. P. A. Wilkins Registrar.

(Address) Branney 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.

