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

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

Do not use this space.

SEP 25 1937

31933

1. PLACE OF DEATH
County Schuyler Registration District No. 802 File No. 28
Township Hawkins Primary Registration District No. 6046 Registered No. 11
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ida J. Kelso
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Kelso

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Schuyler Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Peter Swanston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland Co
12. MAIDEN NAME OF MOTHER Charlottie Dunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Dave Kelso
(Address) Downing, Mo

15. FILED ....., 19..... J. B. Bridges. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18 1937

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to Aug. 18, 1937 that I last saw her alive on July 10, 1937, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
about 2 yrs. ..... mos. ..... ds.
(duration)
CONTRIBUTORY (SECONDARY) Arteriosclerosis
~~Arteriosl~~ (duration) Dont know yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. J. Drake, M. D.
, 19 (Address) Lancaster Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cone Cemetery
DATE OF BURIAL Aug 20 1937

20. UNDERTAKER Loyd Moore
ADDRESS Downing Mo