

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Shannon

Registration District No.

824

Township

E. M. ...

Primary Registration District No.

6076

City

(No. ...)

St.

Ward)

2. FULL NAME

Dale E. Kelley

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

May 14 - 1925

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

12

3

14

OCCUPATION

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

Student

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

Frank Kelley

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

Mo

15. MAIDEN NAME

Amanda Brewer

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

Kentucky

17. INFORMANT (ADDRESS)

Frank Self
Eumeces Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Muscogee Chapel

DATE Aug 29 - 1937

19. UNDERTAKER (ADDRESS)

Frank Self
Eumeces Mo

20. FILED

8 - 25 - 1937

Frank Self
Eumeces Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug - 28 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

July - 15 - 1937, to Aug - 28 - 1937

I last saw him alive on Aug - 14 - 1937. Death is said

to have occurred on the date stated above, at 2.20 p.m.

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

Hydrophobia

Date of onset
7-16-37

Other contributory causes of importance:

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

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?

If so, specify

(Signed)

Frank Self

, M. D.

(Address)

Eumeces Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X 7284

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.

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

NO. 1234

BY

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AND

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