OCT 19 1937

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

Do not use this space.

33974

File No. 120

Registered No.

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. ..... St. 3d Ward)

Registration District No. 148
Primary Registration District No. 3 2 1

2. FULL NAME KELLOND, Charles L.

(a) Residence, No. Veterans Administration St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	11	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

FATHER

13. NAME William Kellond

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

MOTHER

15. MAIDEN NAME Fannie Lapham

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parsons, Ks. DATE 9-13-37 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED Sept 13 1937 Lorena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1935, 19, to Sept. 13, 1937, 19

I last saw him alive on Sept. 13, 1937, 19 Death is said to have occurred on the date stated above, at 6:00 m. a.m.

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

	Date of onset
Neurogenic bladder	

Other contributory causes of importance:

Pyelo-nephritis

Name of operation none Date of

What test confirmed diagnosis? 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? (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) H. C. HARDEGREE, MD, Clinical Director
(Address) Veterans Administration
Excelsior Springs, Missouri.