

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

Do not use this space.

OCT 22 1937

34853

1. PLACE OF DEATH

County New Madrid Registration District No. 345
Township Big Prairie Primary Registration District No. 5870
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME Joseph Franklin Kelly

(a) Residence, No. _____ 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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 25

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. Infant
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) Mounds, Illinois

13. NAME Riley Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

15. MAIDEN NAME Jessie Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Illinois

17. INFORMANT Riley Kelly
(ADDRESS) Sikeston, Missouri R. 3

18. BURIAL PLACE Portageville, Mo. DATE Sept. 23, 37

19. UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston, Missouri

20. FILED Nov 26, 1937 Mrs. Robert Bradford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937 to Sept. 22, 1937
I last saw him alive on Sept. 7, 1937 Death is said to have occurred on the date stated above, at 3:10 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

calitis

120 B

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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 _____, 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 _____

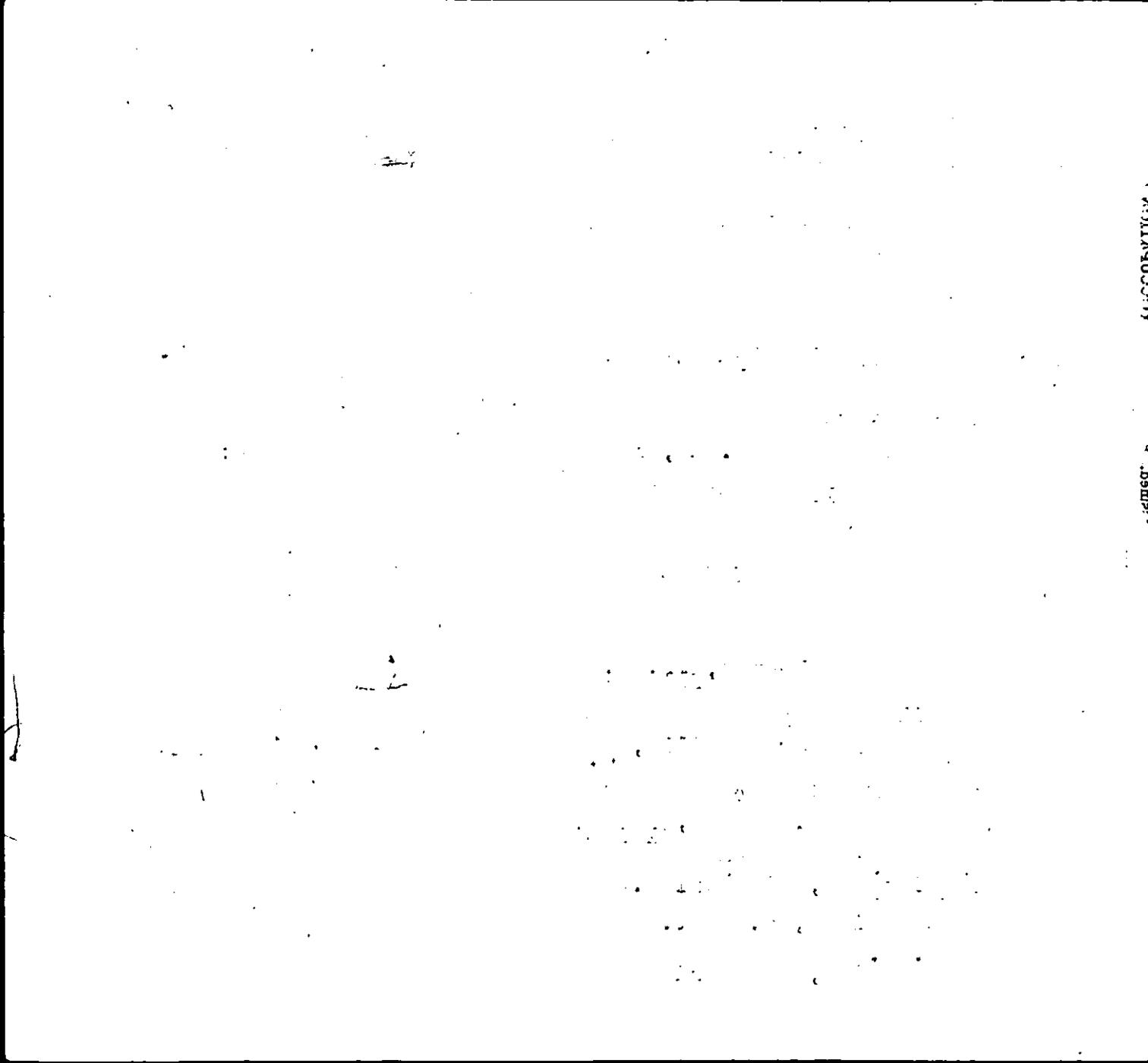
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify W. H. P. Russell, M. D.
(Signed) _____
(Address) Sikeston, 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.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 345
 (b) Township Big Prairie Primary Registration District No. 5800 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Joseph Franklin Kelley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 10 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as 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) Mounts Illinois
 FATHER 13. NAME Riley Kelley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Partaguelle Mo
 MOTHER 15. MAIDEN NAME James Beth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Partaguelle Illinois
 17. INFORMANT (ADDRESS) Riley Kelley Director Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Partaguelle Mo DATE Sept 23 1937
 19. FUNERAL DIRECTOR (ADDRESS) H. J. Welch Director Mo
 20. FILED Nov. 26 1937 Mr. Robert Binford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1937 to Sept 22 1937
 I last saw him alive on Sept 7 1937. Death is said to have occurred on the date stated above, at 3:19 a.m.
 The principal cause of death and related causes of importance were as follows:
Politis
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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 _____, 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) G. W. H. Presnell, M. D.
 (Address) Keaton Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-34853