

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.P. Mo

Registration District No. 338
Primary Registration District No. 1007
No. 3200 Nicholson, av.

File No. 36746
Registered No. 1015
St. 1015 Ward

2. FULL NAME

(a) Residence, No. 3200 Nicholson, av. St. 1015 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 <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maryta Kelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 - 1867</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>3</u>	<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Groceryman</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

13. NAME James Kelly

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

15. MAIDEN NAME Angelina Venard

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

17. INFORMANT Mrs. Maryta Kelley
(ADDRESS) 3200 Nicholson, av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Oct, 19 37

19. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 918 Brooklawn, av.

20. FILED 10-18 1937 M. M. Crow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937, to Oct 15 1937

I last saw him alive on Oct 15 1937. Death is said to have occurred on the date stated above, at 6:20 P.

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

Paralytic ileus (R-dynamic) toxaemia
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Other contributory causes of importance:
Tertiary neurosyphilis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify —

(Signed) Earl Van Jones M. D.

(Address) 100 1/2 S. Baker

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.

100 1/2 J. Cohen
R. 36