NOV 24 1937

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

Do not use this space.

File No. 38995
Registered No. 48

1. PLACE OF DEATH
County Sullivan
Township Buchanan
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 849
Primary Registration District No. 6123

2. FULL NAME William Kelley

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1855

7. AGE: Years 82 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith
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 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Ind.

FATHER
13. NAME John H. Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Charolota Daily
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT N. W. Kelly
(ADDRESS) Unionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burnett Cem. DATE Oct. 13 '37

19. UNDERTAKER Glenn E. Kent
(ADDRESS) Green City, Mo.

20. FILED Nov 9, 1937 Virginia Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to Oct 12, 1937
I last saw him alive on Oct 12, 1937 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	

Other contributory causes of importance:
age 67

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 ....., 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) M. Herrington M.D., M. D.
(Address) Green City 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.