DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 406 — File No.: 41527

Township: — Primary Registration District No.: 4240 — Registered No.: 17

City: Carl Junction (No. ..., ..., St. ..., Ward)

2. FULL NAME: Clara Belle 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. G. Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5 1881

7. AGE: Years 56 — Months 0 — Days 1 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Apr 1937

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence Kansas

FATHER

13. NAME: Wm Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — Ill.

MOTHER

15. MAIDEN NAME: Hester Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — Ill.

17. INFORMANT (ADDRESS): Wm J. Jones Carl Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Carl Junction Mo DATE: Nov 8 1937

19. UNDERTAKER (ADDRESS): O B Rooney Carl Jct. Mo.

20. FILED: Nov 7 1937 — C W Rooney, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 6, 1937

I last saw her alive on Nov 6, 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Carcinoma of Breast, 1936 — Date of Onset 1937

56

Other contributory causes of importance: —

Name of operation: — 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? — 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) D. L. Alberty M. D.

(Address) Carl Junction 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.