

JAN 17 1938

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

Do not use this space.

44173

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township J.P.C. No.

Primary Registration District No. 1002

City J.P.C. No. (No. General Hosp. #2)

File No. _____

Registered No. 5026

St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2105 Jarboe St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Freddie Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1895

7. AGE YEARS 42 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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.

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) Miss. v

13. NAME John Kelley

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

15. MAIDEN NAME Georgia

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

17. INFORMANT (ADDRESS) Records Clerk General Hospital #

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12-17, 1937

19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 62th

20. FILED Dec 17, 1937 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1937 to 12-6, 1937

I last saw him alive on 12-6, 1937 Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Tuberculous Pericarditis (Date of onset _____)

Empyema of left Pleural Cavity

Other contributory causes of importance: Sepsis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. O. Brown M.D.

(Address) General Hosp. #2

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.

