

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph.

Registration District No. 85  
Primary Registration District No. 1001

File No. 2098  
Registered No. 79  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elijah Kelly. 400

(a) Residence, No. 311 West Valley St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 8 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*) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella D. Kelly.

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>82</u>	<u>11</u>	<u>4</u>	

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

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) 1929. 11. Total time (years) spent in this occupation 50yrs

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

13. NAME Jesse Kelly.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Virginia.

15. MAIDEN NAME Margaret Blue.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Kentucky.

17. INFORMANT Mrs E.C. Seever.  
(ADDRESS) 311 W. Valley St.

18. BURIAL, CREMATION, OR REMOVAL Concord Cemt.  
PLACE Cosby, Mo. DATE Jan. 21, 1938

19. UNDERTAKER H.O. Sidenfaden and Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan 21, 1938 H.J. Neelbusch  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1938, to \_\_\_\_\_, 19\_\_\_\_  
Viewed

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:  
ArterioSclerosis and Hypertension Date of onset

Other contributory causes of importance: none

Name of operation: \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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) R.W. Tadlock - Coroner M. D. 4  
(Address) King Hill Bldg

**RECEIVED** 97

FEB 21 1938

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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.

