

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

Do not use this space.

2379

1. PLACE OF DEATH

20 County Adair Registration District No. 165
 Township Jefferson Primary Registration District No. 5230
 City Sturgis (No. 10) (Ward)

File No. _____
 Registered No. 53

2. FULL NAME

Andrew Jackson Kelly 400
 (a) Residence, No. _____ 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
75 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Wm. Brown 31

14. BIRTHPLACE (CITY OR TOWN) unknown 31 (STATE OR COUNTRY)

15. MAIDEN NAME unknown

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

17. INFORMANT F. H. Brown (ADDRESS) Humansville, Mo.

18. BURIAL (CREMATION, OR REMOVAL) PLACE Humansville DATE April 18, 1937

19. UNDERTAKER W. C. Brown (ADDRESS) Humansville, Mo.

20. FILED Feb 14, 1937 Wm. F. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1937, to Nov 12, 1937
 I last saw him alive on Nov 9, 1937 Death is said to have occurred on the date stated above, at 9:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio Sclerosis (advanced) yes

Other contributory causes of importance: 97

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in building, on 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. L. Mevins, M. D.

(Address) Humansville, Mo.

156

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS
 MISSOURI STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2379
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 165-
(b) Township Jefferson Primary Registration District 230
(c) City Jefferson (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jackson Kelly

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75- 11 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Newton Mo.

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. W. Can
18. BURIAL, CREMATION, OR REMOVAL PLACE Dunnegan DATE Nov 13 21

19. FUNERAL DIRECTOR (ADDRESS) Walt E. Brown
Dunnegan Mo

20. FILED Nov 16 1935 Walt E. Brown
Local Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1937 to Nov 12 1937
I last saw him alive on Nov 9 1937 Death is said to have occurred on the date stated above, at 9 40 P m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis advanced
Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) R. C. Nevin, M. D.
(Address) Humansville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REPLACEMENT

