REC'D MAR 15 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. , St. Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No. 16

2. FULL NAME David E. Kelch
(a) Residence, No. Sixth & Locust St. S 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Amy Kelch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28-1863
7. AGE YEARS 74 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Exterior Decorator
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) Sept 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Ohio

FATHER
13. NAME Jackson J. Kelch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Amy Kelch Boonville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cem. Cem. ~~Walnut Grove~~ DATE Feb 6th 1938
19. UNDERTAKER (ADDRESS) Goodman & Roller Boonville, Mo.
20. FILED Feb 5 1938 E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Feb. 3, 1938
I last saw him alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 10 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute parenchymatous	12-1-37
T J Wel	
Other contributory causes of importance:	
Cerebral apoplexy	Oct. '37

Name of operation none Date of
What test confirmed diagnosis? Laboratory 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) W E Stone, M. D.
(Address) Boonville, Mo.

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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.