REC'D MAY 10 1938

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

13079
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1008
Registered No. 3683
(d) Street No. BARNES HOSPITAL 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 Ford Felix Kellums 4821
(a) Residence, No. St. N.R. Flora Ill.
(Usual place of abode, if no street address, write county or city) (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 Mina Kellums
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About July 15/1869.
7. AGE: Years 70 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
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) March 1938.
11. Total time (years) spent in this occupation 10yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hord Illinois

FATHER
13. NAME Westley Kellums
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worthington Ind.

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

17. INFORMANT (ADDRESS) L.W. Kellums Petersburg, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Flora, Ill DATE 4/23/ 1938
19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid Ave.
20. FILED APR 20 1938 J. F. Breeback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-13 1938, to 4-20 1938
I last saw him alive on 4-20 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
Arterio-Sclerosis	
Coronary Artery Disease	1yr
Myocardial Infarction	
Heart Block	

Other contributory causes of importance:
? Malignancy of Prostate
? Diabetes Mellitus
Secondary Anemia

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?
If so, specify
(Signed) Ray David Williams, M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.