

REC'D MAY 16 1938

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

15082

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280
 (c) City Aurora (d) Street No. 725 Oak Ave 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 Gary Allen Kelton

(a) Residence, No. 725 Oak Ave 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 2 hrs.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Aurora (STATE OR COUNTRY) Missouri

13. NAME John Bonnel
 14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

15. MAIDEN NAME Emma Kelton
 16. BIRTHPLACE (CITY OR TOWN) Picher (STATE OR COUNTRY) Oklahoma

17. INFORMANT Leonard Kelton (ADDRESS) Aurora Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE April 1, 193819. FUNERAL DIRECTOR King Funeral Home (ADDRESS) Aurora Mo.20. FILED Apr 1, 1938 R. D. Cowan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 193822. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 1, 1938I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 3.00 A.M.

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

Premature birth
7 1/2 months
159'

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. Mill Smith, M. D.(Address) 151 W. Pleasant

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by..... NOT EMBALMED

.....L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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