

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

Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 17160
 Township Kaw Primary Registration District No. 1007 Registered No. 1857
 City Kansas City (No. St. Joseph's Hospital) St. 400 (Ward)

2. FULL NAME

(a) Residence, No. 210 E 33 St., Ward. (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 Pearl Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Station Attendant

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) Ky

13. NAME William Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. G. Y. Galkow

18. BURIAL, CREMATION, OR REMOVAL PLACE Pearley Mo DATE May 5 1938

19. UNDERTAKER (ADDRESS) C. W. Sessel Kearney Mo

20. FILED May 3, 1938 M. D. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to May 3rd, 1938

I last saw him alive on May 3rd, 1938 Death is said

to have occurred on the date stated above, at 5²⁰ a.m.

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

- 1) Intestinal Obstruction Date of onset 4-28
- 2) Hypertension

Other contributory causes of importance:

- 1) Stagnated Leucia

Name of operation Hemiorrhaphy Date of 5-1-38

What test confirmed diagnosis? Was there an autopsy? Yes

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.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) St. Joseph's Hospital M. D.
 (Address) St. Joseph's Hospital
Kansas City, Mo.

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.

