

FEB JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Jefferson Registration District No. 425  
 Township Meramec Primary Registration District No. 5580  
 City (No. . . . .) St. . . . . Ward . . . . .

2. FULL NAME Daniel J. Kelly  
 (a) Residence, No. 3535 Space Ave. St. St. Joseph Mo. Jefferson  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. if of foreign birth? yrs. . . . . mos. . . . . ds. . . . .

File No. 18597  
Registered No. 69

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 Ellen Walsh Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, . . . . . hrs. or . . . . . min.
	<u>79</u>	<u>7</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector for first prohibition

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER  
 13. NAME John Kelly  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Julia Dillon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT St. Joseph Hill Informant  
 (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL  
 PLACE Calvary DATE May 4 1938

19. UNDERTAKER Joe J. Quinn  
 (ADDRESS) 1328 Union St

20. FILED 72 James A. Souman  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1938 to Apr. 25 1938  
 I last saw him alive on Apr. 25 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Other contributory causes of importance:  
82201

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 Jesse S. Sargent M. D.  
 (Signed) James A. Souman  
 (Address) St. Joseph 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.

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