

REC'D JUN 17 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Johnson  
Kearneyville  
Mo.

Registration District No.

Primary Registration District No.

427

5583

File No.

Registered No.

18627

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

John T. Kelly 1100

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Male

White

Married

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

Catherine Kelly

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

March 16 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hra.  
or .....min.

59

2

11

OCCUPATION

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

Farmer

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)

May 27 38

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Missouri

MOTHER  
FATHER

13. NAME

Timothy Kelly

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

Ireland

15. MAIDEN NAME

Kate Kane

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

Ireland

17. INFORMANT  
(ADDRESS)Catherine Kelly  
Hadden Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE

Golden Catholic May 30 1938

19. UNDERTAKER  
(ADDRESS)Crossett  
Kearney Mo

20. FILED

May 29 1938 Mo W. R. Redford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 7 1937 to May 27 1938

I last saw him alive on May 27 1938. Death is said

to have occurred on the date stated above, at about 3:30 PM.

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

Coronary Occlusion

Date of onset  
5/21/38

Other contributory causes of importance:

Generalized Arteriosclerosis

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? No

If so, specify

(Signed) Kelly Paulus / M. D.

388 (Address) Hadden Mo

