

REC'D AUG 8 1938

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

24472

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township 1st Primary Registration District No. 100  
(c) City N. C. Mo. (d) Street No. General Hosp #2 Registered No. 2077  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

## 2. PRINT FULL NAME

(a) Residence, No. 2423 Brooklyn 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

SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-21-1938</u>					
7. AGE YEARS		MONTHS		DAYS	
		<u>-</u>		<u>29</u>	
				If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>				
	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) (STATE OR COUNTRY) <u>N. C. Mo.</u>					
FATHER	13. NAME <u>John Kelly</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missy.</u>				
MOTHER	15. MAIDEN NAME <u>Hazel Harris</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla.</u>				
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>General Hospital #2</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fledo Cemetery</u> DATE <u>7-25</u> , 19 <u>38</u>					
19. FUNERAL DIRECTOR <u>West Appletown</u> (ADDRESS) <u>31905 Vine St</u> <u>July 25, 1938</u> <u>W. Brown</u> Local Registrar.					
20. FILED _____					

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-20, 1938  
I last saw him alive on 7-20, 1938 Death is said to have occurred on the date stated above, at 11:40 A.M.  
The principal cause of death and related causes of importance were as follows:  
Marasmus  
159  
Other contributory causes of importance:  
Premature Infant.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) W. Brown M. D.  
(Address) General Hosp #2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, *V. N. West*, Licensed Embalmer No. *2710*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed *V. N. West*

Licensed Embalmer No. *2710*

**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.)**