

REC'D OCT 12 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 6156 Victoria Ave.)

File No.....

30570

Registered No.....

8007

St. .... Ward)

**2. FULL NAME** Mary A. Kelley(a) Residence, No. 6156 Victoria St., 4 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**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF  
(OR) WIFE OFJOHN J. KELLEY**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 13, 1863**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.75425**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**at home**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)****11. Total time (years) spent in this occupation****12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Grove Port Ohio**13. NAME**James Hanlon**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ireland**15. MAIDEN NAME** Elen Milqueen**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ireland**17. INFORMANT (NAME AND ADDRESS)** Mrs. M. Suggan (daughter)6156 Victoria Ave. St. L.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Galvary Cem.DATE Sept. 10, 1938**19. UNDERTAKER (ADDRESS)**Croghan Und. Co., Inc. =  
746 Manchester Ave.**20. FILED**SEP 10 1938J. F. Budick  
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 7, 1938**22. I HEREBY CERTIFY, That I attended deceased from**February 9<sup>th</sup>, 1937, to Sept 7<sup>th</sup>, 1938I last saw h. et alive on Sept 5<sup>th</sup>, 1938. Death is saidto have occurred on the date stated above, at 10:30 p. m.

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

Disease of left breast.

Date of onset

about6<sup>th</sup>6<sup>th</sup>

Other contributory causes of importance

Name of operation Excision of operation Date of April 1938What test confirmed diagnosis? ..... 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) R. Ernest Murphy M. D.(Address) 6120 Victoria Ave

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.

Loam Blank signed

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