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 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.

REC'D OCT 15 1938

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

Do not use this space.

File No. 31151  
 Registered No. 3448  
 St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Rox Primary Registration District No. 1002  
 City Mansas City (No. Wesley Hospital)

2. FULL NAME

Henry G. Kelley 1100  
 (a) Residence, No. 4914 College St., 1 Ward.

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. (If nonresident, give city or town and State)

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 Martha B. Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1857

7. AGE YEARS 81 MONTHS \_\_\_\_\_ DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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) Ohio Illinois

FATHER  
 13. NAME Aaron Kelley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER  
 15. MAIDEN NAME Artie Foster  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mrs Martha B Kelley (ADDRESS) 4914 College

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Sept. 2, 1938

19. UNDERTAKER Mrs C. L. Foster (ADDRESS) 915 Brooklyn

20. FILED Sept 1, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31<sup>st</sup>, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1938, to Aug. 31, 1938. I last saw him alive on Aug. 31, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

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

Hypostatic pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Cholecystitis, cholelithiasis, both chronic

Name of operation Cholecystectomy Date of Aug 29, 1938  
 What 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? If so, specify \_\_\_\_\_ (Signed) J. J. Mackey, M. D.  
 (Address) 926 E. 11th

