REC. OCT 25 1938

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

Do not use this space.

32922

File No.
Registered No. 12

1. PLACE OF DEATH

County Nodaway
Township Grant
City Conception Jc. (No. , St. Ward)

Registration District No. 617
Primary Registration District No. 5819

2. FULL NAME Lucretia Earle Kellin

(a) Residence, No. St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	11	15	

OCCUPATION

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) Andrew County Mo.

FATHER

13. NAME David Earle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Emma Kitty Busch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT Sherman Kellin
(ADDRESS) Bernard Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quitman Mo. DATE Sept 30 1938

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville Mo.

20. FILED Oct 2 1938 Chas. D. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1938, to September 29, 1938
I last saw her alive on September 29, 1938. Death is said to have occurred on the date stated above, at 1.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
She had been an invalid for three years. Died due to old age — and senility	

Other contributory causes of importance: 162

Name of operation None Date of
What test confirmed diagnosis? None 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) D. J. Henderson, M. D.
(Address) Ravenwood 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.