

DEPT OCT 26 1938

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

33180  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
(b) Township Ferry Primary Registration District No. 6020-A Registered No. 68  
(c) City Bonne Terre, Mo (d) Street No. Bonne Terre Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Farmington Mo. (If non-resident, 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) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1872  
7. AGE YEARS 66 MONTHS 2 DAYS 23 If LESS than 1 day, ..... hr. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) Ann Arbor Mich

13. NAME James P. Kelly

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jos. Keefe, Farmington, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Catholic DATE Sept 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Meidert and Co, Farmington, Mo

20. FILED Sept. 7, 1938 N. W. Dawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1938  
22. I HEREBY CERTIFY, That I attended deceased By Request, on Sept 6, 1938  
Last saw h. alive on 10 Death is said to have occurred on the date stated above, at 4:40 pm.  
The principal cause of death and related causes of importance were as follows:  
Suicide Date of onset

Other contributory causes of importance:  
(Gunshot wound inflicted by own hand)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 Suicide Date of injury 9-6-1938  
Where did injury occur? Farmington Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place Public place  
Manner of injury Gunshot wound  
Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Eleva Bounce, Cannon  
(Signed) Flat River, Mo  
(Address) Flat River, Mo

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**