

25 FEB 6 1939

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

2209
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
(b) Township _____ Primary Registration District No. 3016
(c) City Washington, Mo. (d) Street No. _____ 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Kelly

(a) Residence, No. 816 W. Front St. Washington, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF* Dave Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 10 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Hermann, Missouri
(STATE OR COUNTRY)

13. NAME James Smith,
14. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Dave Kelly,
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Jan. 15, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED Jan 14, 1939 St. Mary
Local Registrar 270

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939

I HEREBY CERTIFY That I attended deceased from May 13, 1938 to Jan 12, 1939
I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 11:50 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia lobar left Date of onset Jan 10, 1939

Other contributory causes of importance:
Dehydration & acute Bronchitis Dec 1, 1938

Name of operation none Date of _____
What test confirmed diagnosis bleeding 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. R. Cuckles, M. D.
(Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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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, _____

Henry W. Otto

or by _____

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

Signed _____

Henry W. Otto

Licensed Embalmer No. *3560*

P. O. Address *Washington*

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.