

REC'D FEB 27 1939

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

Do not use this space.

3557

1. PLACE OF DEATH *Polk* Registration District No. *701*
 County *Polk* Township *1* Primary Registration District No. *4472-*
 City *Polk* (No. *1*) St. *Polk* Ward *4*
 2. FULL NAME *Martha Elma Kelsey*
 (a) Residence, No. *420* St. *Polk* Ward *4*
 (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.

File No. *3557*
 Registered No. *322*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Jim Kelsey*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr - 17 - 1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wife*
 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) *Polk Mo*

FATHER
 13. NAME *Joseph Tolbos*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER
 15. MAIDEN NAME *Sarah Suito*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Jim Kelsey Polk*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Springwood Jan 17 1939*

19. UNDERTAKER (ADDRESS) *Hutchison Blue Polk Mo*

20. FILED *1-17-39* *F. Robert Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan - 15 - 1939*

22. I HEREBY CERTIFY that I attended deceased from *Oct 1938* to *Jan 15 1939*
 I last saw her alive on *Jan 14 1939*. Death is said to have occurred on the date stated above, at *11:55 a.m.*
 The principal cause of death and related causes of importance were as follows:
*Generalized arteriosclerosis
 Chronic myocarditis
 with decompensation
 & heart failure*
 Date of onset *7 Oct 1938*

Other contributory causes of importance: *93C
 Cerebral arteriosclerosis
 & senile dementia*
Oct 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Doyle Miller* M. D.
 630 (Address) *Polk Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X3314

RECEIVED

District Health Officer No. 7.

District File Number

7-39-311

Date Filed

2-14-39