

REC'D APR 11 1939

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

11025
Do not use this space.

1. PLACE OF DEATH

(a) County Iron
(b) Township Iron
(c) City Graniteville
(e) Length of residence in city or town where death occurred 1155 yrs. mos. ds.

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registration District No. 1139
Primary Registration District No. 5549
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 3

2. PRINT FULL NAME Maggie Kelman

(a) Residence, No. Graniteville Mo. St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
69 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. house 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) Belleview Mo. (STATE OR COUNTRY)

FATHER 13. NAME James Belcher

14. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Evelyn Cauley

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

17. INFORMANT Ida Belcher (ADDRESS) Graniteville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graniteville Mo. DATE March 13, 1939

19. FUNERAL DIRECTOR Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Apr 10, 1939 Mrs. J. A. Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 13, 1939

I last saw her alive on March 13, 1939 Death is said to have occurred on the date stated above, at 7.00A.M.

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

Bronchial Pneumonia Date of onset 3-9-39
Malnutrition

Other contributory causes of importance:
Paralysis of larynx

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. 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) Ben W. Bull, M. D.
356 (Address) Ironton, Mo.

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

MARGIN RESERVED FOR BINDING

U. S. GOVERNMENT PRINTING OFFICE: 1930

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)